

**University of Arkansas for Medical Sciences
Health Professions Student Loan (HPSL) Interest Form
2020-21 Application for Admitted Pharmacy Students**

PHARMACY STUDENTS ONLY: PLEASE COMPLETE AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE, 4301 WEST MARKHAM #864, LITTLE ROCK AR 72205 OR EMAIL TO FINANCIALAID@UAMS.EDU OR Fax 501-686-8002. Priority Deadline: May 15th for P1-P3 and March 15th for P4.

The purpose of this form is to assist the Financial Aid Office with identifying students who are interested in receiving the Health Professions Student Loan. Your Student Aid Report (SAR) will determine if you are eligible for consideration. Funds are limited and will be awarded to eligible students based on the date the HPSL Pharmacy Loan Interest form is received **and** completion of the FAFSA (including supporting documentation). If you have questions regarding the HPSL Pharmacy Loan, please contact our office at (501) 686-5451.

Application Instructions:

Your application will not be processed until all documents are received. Please read the below requirements carefully.

- **Submit a 2020-2021 Free Application for Federal Student Aid (FAFSA) on www.fafsa.ed.gov.** Only U.S. Citizens, permanent residents, or eligible non-citizens may apply. *Regardless of your actual dependency status, ALL applicants MUST provide student and (both) parents' financial information on the FAFSA. Failure to provide this information will result in being ineligible for HPSL funds. The parent information does not affect your other federal student aid.*
 - If your parent(s) are deceased, please submit copies of death certificates.
 - If your parents are divorced or never married, you must enter one of them on the parent section of the FAFSA and complete the DRT, if available. You would then need to submit the other parent's signed tax return transcript or tax return. We must verify income for both parents, either via the IRS DRT or their tax return transcripts or tax return.
 - Please be aware that if your FAFSA is selected for "verification," we must wait for that process to be complete before reviewing your HPSL application.
- **Submit tax information.** When completing the FAFSA, we encourage you to use the Data Retrieval Tool (DRT) to pull the student, spouse (if applicable), and parent tax information. This tool allows you to submit accurate responses to tax-related questions. If the DRT is not available for you and/or your parents to utilize, please read below:
 - Submit both parents signed 2018 IRS Tax Return Transcript(s) or tax returns. To request the transcript(s), go to <https://www.irs.gov/>.
 - If you and/or your parents were not required to file a 2018 tax return, you must submit a copy of the IRS Verification of Non Filing letter. To request the letter, go to <https://www.irs.gov/>.
 - If an income of \$0 is submitted for you, your spouse or either parent, a signed statement with an explanation of why no income was reported is required. (Example: Spouse is also a student and was not employed, etc.)
- **Submit a 2020-2021 HPSL application to the Financial Aid Office.** Priority deadline is May 15th for P1-P3 and March 15th for P4. Initially, available HPSL funds will be divided equally among each year in program and then awarded in order in which completed applications (including supporting documents) are received. Availability is not guaranteed to all applicants.

TERMS OF THE HPSL PHARMACY STUDENT LOAN

- 5% Fixed Interest Rate
- No fees are deducted from your loan.
- No interest accrues during school.
- 12 month grace period
- No interest accrues during approved periods of deferment.

CONDITIONS OF THE HPSL PHARMACY STUDENT LOAN

- **NEED BASED** - Must have financial need as determined by the FAFSA. COA less your EFC and your parents EFC=Need.

Please sign below if you wish to be considered for the HPSL Pharmacy Student Loan. You will be approved on the basis of your Student Aid Report and on the availability of funds. *This form is not an official promissory note, but will be used by our office to identify students who wish to be considered for the HPSL Pharmacy Loan.* You will be sent a financial aid award letter to let you know whether or not you have been approved.

Student Name: _____ **UAMS Student ID:** _____

Date: _____ **Anticipated Level (circle one):** P1 P2 P3 P4 **Phone Number:** _____

Email: _____ **@uams.edu** **Other Email:** _____