

**University of Arkansas for Medical Sciences
Loan for Disadvantaged Students (LDS) Interest Form
2021-22 Application for College of Medicine Students**

COLLEGE OF MEDICINE 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.

The purpose of this form is to assist the Financial Aid Office with identifying students who are interested in receiving the LDS 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 LDS Interest form is received and completion of the FAFSA (including supporting documentation). If you have questions regarding the LDS, please contact our office at (501) 686-8453.

CONDITIONS OF THE LDS LOAN

The LDS was established to minimize barriers and enhance access to health professions education, especially for minorities and students from disadvantaged backgrounds and underserved populations. Students who are considered racial and ethnic minorities for the purpose of calculating underrepresented populations at an institution include American Indians or Native Alaskans, Blacks or African Americans and Hispanics.

The Loans for Disadvantaged Students program provides long-term, low-interest rate (5%) loans to full-time, financially needy students from disadvantaged backgrounds. UAMS is the lender of this campus based loan.

- Must be a College of Medicine student enrolled full-time
- Student must be from a disadvantaged background as defined by the U.S. Department of Health and Human Services:

An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs. See eligibility criteria on application for specific examples.
- A citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia.

TERMS OF THE LDS LOAN

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

Application Instructions:

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

- **Submit a 2021-2022 Free Application for Federal Student Aid (FAFSA) on www.studentaid.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 LDS 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. We must verify income for both parents, either via the IRS DRT or a copy of their signed 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 LDS 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 yours and both (if they did not file together) of your parents signed 2019 IRS Tax Return.
 - If you and/or your parents were not required to file a 2019 tax return, you must submit a copy of the IRS Verification of Non Filing letter along with a signed statement explaining why they were not required to file. 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 2021-2022 LDS application to the Financial Aid Office.** Priority deadline is May 15th. Available LDS funds will be awarded in order in which completed applications (including supporting documents) are received. Availability is not guaranteed to all applicants.

Please sign below if you wish to be considered for the LDS 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 LDS Loan.* You will be sent a financial aid award letter to let you know whether or not you have been approved.

Printed Name: _____ **Student ID#/SSN:** _____

Signature: _____ **Date:** _____

Level in COM in 2021-22 (circle one)- M1 M2 M3 M4

University of Arkansas for Medical Sciences

Loans for Disadvantaged Students (LDS)

Application submission priority date: May 15th

APPLICANT INFORMATION—PLEASE PRINT	UAMS STUDENT ID:	Year: M1 M2 M3 M4
Last Name:	First Name:	MI:
Street Address:	Apartment#:	
City:	State:	Zip:
Phone:	E-mail Address:	

ELIGIBILITY CRITERIA—You MUST be able to answer “Yes” to at least one of the below questions to be considered.
1. Does your parents’ annual income fall below a level based on poverty guidelines according to family size published by the U.S. Census Bureau? To answer this question, please refer to the chart on the back page. Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do your parents’ receive public assistance (e.g, Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and/or public housing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a first generation college student? (Only answer yes if neither of your parents went to college) Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you graduate from a high school with low ACT/SAT scores? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you graduate from a high school that had a low percentage of seniors receiving a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you graduate from a high school that had a low percentage of graduates who go to college during the first year after graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you graduate from a high school with low per capita funding? Yes <input type="checkbox"/> No <input type="checkbox"/>

HAVE YOU SUBMITTED THE FOLLOWING?
The Free Application for Federal Student Aid (FAFSA) with the parental information (both parents). Yes <input type="checkbox"/> No <input type="checkbox"/>
The Loans for Disadvantaged Students (LDS) Interest Form. Yes <input type="checkbox"/> No <input type="checkbox"/>
The IRS Data Retrieval Tool was utilized or submit a copy of yours and your spouse (if applicable) signed federal tax return. Yes <input type="checkbox"/> No <input type="checkbox"/>
The IRS Data Retrieval Tool was utilized for your parental information or a signed copy of their federal tax return. Yes <input type="checkbox"/> No <input type="checkbox"/>

In the box below write a brief statement about why your background qualifies you for the LDS. Attach a second page if needed.

Student Signature: _____ **Date:** _____

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Search:

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

2019 POVERTY GUIDELINES FOR ALASKA

Search:

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$5,530 for each additional person.	
1	\$15,600
2	\$21,130
3	\$26,660
4	\$32,190
5	\$37,720
6	\$43,250
7	\$48,780
8	\$54,310

2019 POVERTY GUIDELINES FOR HAWAII

Search:

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$5,080 for each additional person.	
1	\$14,380

Persons in family/household	Poverty guideline
2	\$19,460
3	\$24,540
4	\$29,620
5	\$34,700
6	\$39,780
7	\$44,860
8	\$49,940