Application for Health Professions Student Loan Funds

2023-2024

First Name: _____ M.I. _____ Last Name: _____

University Email: _____ Student ID#: _____

Priority Application Submission Deadline: **October 1, 2023**
Student/Parent Documentation Submission Deadline: **January 31, 2024**
*Funds are limited

Instructions

1. Complete this form to apply for need-based Health Professions Student Loan (HPSL) funds.

2. File the [2023-2024 Free Application for Federal Student Aid (FAFSA)](#). You will be required to submit your 2021 U.S. Individual Income Tax Return. Acceptable documentation:
   - Successful use of the IRS Data Retrieval Tool (DRT) on your 2023-2024 FAFSA; or
   - (Tax filers) 2021 IRS Tax Return Transcript or SIGNED tax return (Form 1040); or
   - (Non-tax filers) 2021 IRS Verification of Non-Filing Letter and W-2 forms

3. **You MUST provide parental information on your 2023-2024 FAFSA.** Parent(s) income information must be based on their 2021 U.S. Individual Income Tax Return. Parent income verification is **REQUIRED**. College of Pharmacy students are independent according to the FAFSA; however, the Health Professions Programs under the Department of Health and Human Services require parental information, regardless of age, tax, or marital status. You will be required to submit your parent(s) 2021 U.S. Individual Income Tax Return. Acceptable documentation:
   - Successful use of the IRS Data Retrieval Tool (DRT) on your 2023-2024 FAFSA; or
   - (Tax filers) 2021 IRS Tax Return Transcript or SIGNED tax return (Form 1040); or
   - (Non-tax filers) 2021 IRS Verification of Non-Filing Letter and W-2 forms

   Your application **WILL BE DENIED** if you do NOT provide parental information on your FAFSA. In cases where parents refuse to provide income information, the student will not be considered for HPSL funds.

   If your parent(s) are deceased, please check the applicable box below:

   ○ Death Certificate(s) attached to this application
   ○ Death Certificate(s) previously submitted to the Office of Scholarships and Financial Aid

Certification

I certify that all information listed above is true and complete to the best of my knowledge. I also agree to review the HPSL Master Promissory Note (MPN) carefully before e-signing and accepting the funds if I am offered need-based Health Professions Student Loan Funds.

Student Name: _____

Student Signature: _____ Date: _____