

UNCOMMON GOOD MED RELIEF GRANT APPLICATION FORM

*Print and mail to: F. Twohy-Haines, Uncommon Good, 211 W. Foothill Blvd., Claremont, CA 91711
Or email to ftwohy-haines@uncommongood.org*

FIRST NAME:		LAST NAME:	
GENDER:		DATE OF BIRTH:	
MEDICAL SCHOOL:		TYPE OF DEGREE*:	GRADUATION DATE:
If your degree is an MD or DO, are you actively Board Certified in:			
_____ Internal Medicine		_____ Family Medicine	
_____ Pediatrics		_____ Geriatrics	
_____ Internal Medicine		_____ OBG/YN	
_____ Other: _____			
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:
COUNTRY OF ORIGIN:		ETHNICITY:	
LANGUAGES SPOKEN:			
HOME PHONE:		CELL PHONE:	
EMAIL:			

*: Medical, Dental, Pharmacy, or Optometry, etc

CLINIC NAME:		
CLINIC ADDRESS:		
CITY:	STATE:	ZIP CODE:
WORK PHONE:	WORK FAX:	
WORK EMAIL:		
WORK STATUS:	[] FULL TIME	[] PART TIME

SIGNATURE:

DATE COMPLETED:

APPLICANT'S NAME: _____

A. Type of loan (e.g., Stafford, unsubsidized)	B. Total original loan amount (principal plus capitalized/accrued interest, if applicable) at time you graduated.	C. <i>Original</i> repayment term (e.g. 15 years) at time of graduation	D. Total <i>current</i> loan amount (principal plus capitalized/accrued interest, if applicable) remaining to be paid off. [May or may not be different from amount listed under Question B]	E. Current repayment term (e.g. 15 years) for this loan. [May or may not be different from term listed under Question C.]	F. Current interest rate on loan. --%	G. List month, day and year first payment was/is required on or after September 1, 1999 (should reflect any deferments or forbearances)	H. What is the current monthly payment requirement for this loan? (Or, if this loan is in deferment, forbearance, or a grace period, what is the monthly payment expected to be?)
Loan 1: _____	_____	_____	_____	_____	_____	_____	_____
Loan 2: _____	_____	_____	_____	_____	_____	_____	_____
Loan 3: _____	_____	_____	_____	_____	_____	_____	_____
Loan 4: _____	_____	_____	_____	_____	_____	_____	_____
Loan 5: _____	_____	_____	_____	_____	_____	_____	_____
Loan 6: _____	_____	_____	_____	_____	_____	_____	_____
Loan 7: _____	_____	_____	_____	_____	_____	_____	_____
TOTAL AMOUNTS	_____		_____				

If you need additional room, please photocopy this sheet. Write your name and "ADDITIONAL" at the top.

Applicant's Name: _____

IMPORTANT: For each loan listed, provide copies of the underlying loan documents and promissory note in your possession.

Loan 1 account #: _____ Lender's name & phone: _____

Loan 2 account #: _____ Lender's name & phone: _____

Loan 3 account #: _____ Lender's name & phone: _____

Loan 4 account #: _____ Lender's name & phone: _____

Loan 5 account #: _____ Lender's name & phone: _____

Loan 6 account #: _____ Lender's name & phone: _____

Loan 7 account #: _____ Lender's name & phone: _____

(Attach additional sheets if necessary. Print your name at the top of any additional sheets.)

Yearly salary you earn from your employer: \$ _____

Name and phone of employer who can verify salary information and certify that employing organization is a nonprofit health provider that serves over 50% low-income clients as defined by federal guidelines:

Name: _____ Phone: () _____ ext. _____

IMPORTANT: This application must include a copy of your tax return for the past year. If no tax return was filed, provide copies of your bank statements for the past 6 months and copies of the deeds of any real property owned by you either in whole or in part.

APPLICANT'S NAME: _____

OTHER LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) ELIGIBILITY AND PARTICIPATION: Please check the appropriate box and complete all questions asked.

No, there is no other loan repayment program to which I can apply.

There is another LRAP to which I could or did apply, but I certify that I am not eligible for it.
(In the space provided, please explain what entity (e.g., school, employer) sponsors the LRAP and why you are not eligible to participate. Also attach copy of a letter or other correspondence from the LRAP that explains why you are not eligible, or provide the name and phone number of the person who denied you eligibility.)

I am eligible for another LRAP, and...

I have applied to participate and am awaiting a response. I expect to receive notification by _____ (Month, day, year—or closest approximation).

I am going to apply or am in the process of applying. The application deadline is _____ (Month, day, year), and I expect to receive notification by _____ (Month, day, year—or closest approximation).

I applied to participate and was deemed eligible. I have been receiving, or expect to receive the following LRAP benefits.

Either attach a copy of award letter or promissory note from this program stating the amount you will receive and the timetable for receiving it, or describe this information below as specifically as possible. In particular, explain whether you will receive a sum toward your monthly debt repayment, a lump sum that will go toward your loan principal, or another form of assistance.

Type of program (school-based, employer, state, other (describe): _____

Name of program and/or name of school, employer, state, etc. offering the program: _____

I am participating in the Federal Public Interest Loan Forgiveness Program

If so, when will you be eligible for loan forgiveness?

Date:

If you are not participating in the Federal Public Interest Loan Forgiveness Program, choose an option that best explains your reason for not participating:

Don't know about the program

Cannot afford the required monthly payments

What would be your required monthly payment if you were to participate?

\$

Other:

PERSONAL STATEMENT

Please describe for us how you may have demonstrated cultural sensitivity to your patient communities, a long-term interest in serving the poor, and leadership potential in the community medicine field. You may use additional pages if necessary.