APPLICATION FOR PARTICIPATION IN THE KANSAS MEDICAL STUDENT LOAN PROGRAM
SCHOOL YEAR 2008-2009

RETROACTIVE

Deadline: October 31, 2008

Return this form to:
The University of Kansas Medical Center
Department of Student Financial Aid
3901 Rainbow Blvd.
3007 Student Center
Mail Stop 4005
Kansas City, Kansas 66160-7192
(913) 588-5170 Phone (913) 588-8841 Fax
E-mail: financialaid@kumc.edu

Office Use Only:
P ____ Group
B ____
H ____

Note: All first time applicants must file the Free Application for Federal Student Aid in order to be considered for this assistance. This is an application to participate, and should not be construed as a guarantee of support from this program.

Name of Applicant _____
Last First Middle Initial

Social Security Number _____ KUMC Student ID _____ Date of Birth _____

Present Mailing Address _____ Phone Number _____
City State Zip

What is your anticipated medical school graduation date? _____

How many years of retroactive KMSL would you like to receive? ☐ As many as possible ☐ _____ (indicate the number of years)

Are you willing to enter a primary care residency upon graduation and practice primary care in a Kansas county other than Douglas, Johnson, Shawnee, and Sedgwick upon completion of residency? Yes _____ No_____

Indicate the amount of monthly stipend you would like to receive if selected as a recipient. $ _____ ($2,000 maximum)

_____ _____
Signature of Applicant Date

Permanent Mailing Address _____
City State County Zip

In what county were you born?_____ State_____
Please note – COUNTY, not country

Name of the high school from which you graduated _____
High School County State

To Be Completed by the Registrar

Office Use Only/Date Stamp

CERTIFICATION
The above-named applicant for Kansas Medical Student Loan has been accepted or is enrolled at the University of Kansas School of Medicine as a full-time student in a program leading to the degree of Doctor of Medicine.

_____
Registrar

	2005-06	2006-07	2007-08	2008-09
A. Tuition	_____	_____	_____	_____
B. Stipend	_____	_____	_____	_____
C. Total	_____	_____	_____	_____