

**APPLICATION FOR PARTICIPATION
IN THE KANSAS MEDICAL STUDENT
LOAN PROGRAM
SCHOOL YEAR 2009-2010**

Deadline: September 30, 2009

Return this form to:
The University of Kansas Medical Center
Student Financial Aid Office
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 _____	<input type="checkbox"/>
H _____	

RETROACTIVE

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

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.

Office Use Only/Date Stamp

Registrar

Year: _____ Year: _____ Year: _____ Year: _____

A. Tuition _____

B. Stipend _____

C. Total _____