

HARVARD MEDICAL SCHOOL LOAN REPAYMENT PROGRAM

HMS FINANCIAL AID OFFICE

GORDON HALL RM. 211

25 SHATTUCK STREET

BOSTON, MASSACHUSETTS 02115

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APPLICATION DEADLINE: July 15, 2015
APPLICATION PERIOD July – December 2015

PART I -- APPLICANT INFORMATION

Name_____ Class Year_____

Harvard I.D. #_____ Social Security #_____

Home Address_____

Home Phone # () _____ Fax # () _____

Work Address_____

Work Phone # () _____ Fax # () _____

Email address_____

Marital Status_____ Date of Birth_____

Dependent Children _____
(Names & Birth dates)

Daycare Arrangements and Expenses _____
(Please attach documentation)

Citizenship: U.S. _____ Resident Alien _____ If so, Card No. _____

Non-Resident Alien? _____ If Yes, U.S. Visa No. _____

Visa Type _____ Country Issuing Passport _____ Passport No. _____

PART II -- EMPLOYMENT INFORMATION

APPLICANT

Employer_____

Job Title_____

Nature of Work_____

Date Started_____ Date Ended_____ Annual Salary (Gross)_____

Number of years employed (if any) between undergraduate school and enrollment at HMS _____
(Note: do not count graduate school or non-working years)

SPOUSE/DOMESTIC PARTNER

Spouse/D.P.'s name_____

Employer_____

Job Title/Nature of Work_____

Date Started_____ Date Ended_____ Annual Salary (Gross)_____

() Check here if you or your spouse/partner were employed by more than one employer during 2014 and attach a separate sheet providing information regarding the additional employer(s).

() Check here if you or your spouse/partner will be unemployed or employed on a part-time basis for any period during 2015. Attach a separate sheet detailing this information, including sources of income during this period.

() Check here if you or your spouse/partner have children and are claiming child care expenses. Please provide documentation of child care expenses (a copy of a child care center bill and/or a signed letter from a child care provider).

() Check here if newly self-employed in 2015. Contact the Financial Aid Office regarding eligibility.

OTHER LOAN REPAYMENT ASSISTANCE

Please list any other loan repayment programs to which you are applying. If you have received an award from one of these programs, be sure to note the amount of assistance you will be receiving in Section V.

PART III
STATEMENT OF PURPOSE
(For new applicants only)

A key objective of the LRAP program is to remove financial barriers to careers in public service. In the space below, please explain how public service fits into your current position and current career plans.

PART IV -- ASSET INFORMATION

	<u>Applicant</u>	<u>Spouse</u>
1) Amount of cash or savings owned	\$ _____	\$ _____
2) Other investments & real estate (please itemize):		
Description _____	\$ _____	\$ _____
Description _____	\$ _____	\$ _____
Description _____	\$ _____	\$ _____
3) <u>Vested</u> amounts in employee retirement plans, 401(k) or 403(b) plans, or IRA's.	\$ _____	\$ _____
4) Home equity value (see below to compute)	\$ _____	\$ _____
Current home value (renters write "0")	\$ _____	
<i>Less</i> amount still owed on home	\$ _____	
<i>Equals</i> home equity value	\$ _____	
Also list: Year of purchase of home _____	Purchase price of home \$ _____	
Total Assets (add amounts in 1 – 4 above)	\$ _____	\$ _____

PART V –ADDITIONAL INCOME

Please list any

- (A) Total Wages, Salary, Commissions, and Fees from additional employment; and/or
- (B) Awards from other loan repayment assistance programs; and/or
- (C) Other Taxable Income (i.e. overtime pay; capital gains, interest income, alimony, unemployment compensation, etc); and/or
- (D) Untaxed Income & Benefits (i.e. child support, worker comp., tax-exempt interest, housing/food allowance, VA benefits, etc.), received in 2014/expected to receive in 2015 and describe:

PART VI -- EDUCATION DEBT

ALL APPLICANTS: Please note that it is your responsibility to provide us with an accurate record of your education debt and annual repayment obligations.

A. Education Loans (excluding loans from family and friends, credit card debt, consumer and personal loans from private banks). You may attach a separate listing if you prefer. **YOU MUST PROVIDE THIS INFORMATION TO COMPLETE YOUR APPLICATION.**

Lender Name	Loan Type & Interest Rate	Loan Amount Original/Current Amounts	Monthly Payment Amount	Date Payment Begins/Began
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FOR SPOUSE/PARTNER (if applicable, of Continuing and New applicants)

School Name Degree/Date	Lender Name	Loan Type & Interest Rate	Loan Amount Original/Current Amounts	Monthly Payment Amount	Date Payment Begins/Began
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Attach separate sheets if necessary. All education loan debts should be listed.

PART VII -- CERTIFICATION
For all Applicants and Spouses/Domestic Partners

I (we) hereby certify that all of the information contained in this application, including addenda, is true and complete to the best of my (our) knowledge. If asked, I (we) agree to provide further proof of the information given on this form. **I (we) also agree to inform the Financial Aid Office of any changes in income or other relevant change during the period of participation within one month of said change.** I (we) realize that a copy of my (our) 2014 tax returns and copies of W-2 Forms and all schedules (when completed) or a signed statement of non-filing and the Employer Certification Form (applicant only) must be provided to complete this application.

Applicant's Signature_____ Date_____

Spouse/Partner's Signature_____ Date_____

PART VIII – SPECIAL DISBURSEMENT REQUEST

Please list the address to which you would like your LRAP disbursement sent, if different from home address:
