

2023-2024 Loans For Disadvantaged Students (LDS) Application

Review the [LDS Guidelines](#) for loan features and instructions on adding parental data.

Application Deadline: Sunday, March 10, 2024

Section A – Student Information (Please print clearly)

Full Name: _____ UIN: _____

Personal Email (Not UIC): _____ Class Level: _____ Campus: _____

Are you enrolled in 12+ hours for the Fall and Spring Terms? Yes No (*If no, you are not eligible to apply*)

Section B – Tax Requirements

Student Taxes: only one (1) box should be checked.

- I used the IRS data retrieval tool on my FAFSA to submit my 2021 federal income tax return information.
- I attached a signed copy of my (and my spouse if applicable) 2021 Federal Tax Return(s).
- I worked in 2021, but I did not and was not required to file taxes.
** I am submitting my 2021 IRS Non-Filing Statement and all 2021 W-2 or 1099 Misc. forms.
- I did not work in 2021. I did not and was not required to file taxes.
** I am submitting my 2021 IRS Non-Filing Statement.

Parent Taxes: only one (1) box should be checked.

- My parents used the IRS data retrieval tool on my FAFSA to submit their 2021 federal income tax return information.
- I attached a signed copy of my parents' 2021 Federal Tax Returns.
- My parents worked in 2021, but they did not and were not required to file taxes.
**I am submitting my parents' 2021 IRS Non-Filing Statement and all 2021 W-2 or 1099 Misc. forms.
- My parents did not work in 2021. They did not and were not required to file taxes.
**I am submitting my parents' 2021 IRS Non-Filing Statement.
- My parents are deceased. I am including their obituary/death certificate.

Obtain IRS Non-Filing Statements OR 2021 IRS Tax Return Transcript:

Website: <https://www.irs.gov/individuals/get-transcript>

Phone: 844-545-5640 to pick up the letter at a local office

Mail or Fax Form 4506-T to the IRS: <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>

*If you cannot obtain a non-filing statement for you and/or your parents, submit a signed statement certifying that you attempted to obtain the letter, but were not successful.

Section C – ELIGIBILITY CRITERIA (You must be able to answer “Yes” to at least one of the below questions)

Does your parents’ annual income fall within the low-income threshold according to family size published by the U.S. Census Bureau? <i>(Refer to LDS Guidelines document for low-income threshold chart)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you come from an environment that has inhibited you from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have your parents ever received public assistance? <i>(e.g., TANF, SNAP, Medicaid, or public housing)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive an AMCAS fee waiver?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a first-generation college student? <i>(Only answer yes if neither of your parents received a 4-year College/University degree)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section D – LDS ANNUAL OPERATING REPORT QUESTIONS (These questions do not impact eligibility)

Do you intend to serve in a medically underserved community upon completion of medical school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you intend to practice in primary care upon completion of medical school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you come from a rural background?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you intend to serve in a rural area upon completion of medical school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever received training from the Health Career Opportunity Programs (HCOP) or Hispanic Centers of Excellence (HCOE)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

By signing this worksheet, I certify that all the information on this application and attached to this application is true and complete to the best of my knowledge. I do hereby consent to the release of information concerning my academic and financial status to the Health Resources & Services Administration (HRSA). **Incomplete applications and/or unsigned copies will not be considered. Please take time to verify that everything has been submitted and SIGNED.**

Signature

Date