

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid (OSFA)

College of Medicine: 808 S. Wood St, – 163 CMET (MC 782) -- Chicago, Illinois 60612-- Phone: (312) 413-0127

2023-2024 Primary Care Loan (PCL) Application

Review the [PCL Guidelines](#) for loan features and service commitment requirements.

Application Deadline: Sunday, March 24, 2024.

Section A – Student Information (Please print clearly)

Full Name: _____ UIN: _____

Personal Email (Not UIC): _____ Campus: _____

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

Do you intend to practice in primary care? Yes No (If no, you are not eligible to apply)

Section B – Tax Requirements

FAFSA

I have completed the 2023-2024 FAFSA.

STUDENT IRS TAX DOCUMENTATION (Select One)

- 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 Returns**.
- I **did not and was not required to file a 2021 federal tax return** per the IRS regulations.
** (I am submitting my 2021 IRS Non-Filing Statement and any W-2 or 1099 Misc. forms I received in 2021).

PARENT IRS TAX DOCUMENTATION (Select One)

- 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 **did not and were not required to file a 2021 federal tax return** per the IRS regulations.
** (I am submitting my parents' 2021 IRS Non-Filing Statement and any W-2 or 1099 Misc. forms they received in 2021).
- I am applying as an Independent with the **exception to the parent info and tax submission requirement**.

EXCEPTION TO PARENT INFO AND TAX SUBMISSION REQUIREMENT

- I am at least 24 years old and can document that my parents have not claimed me as a dependent on their taxes for the last three years. I am including signed copies of my or my parents' federal tax returns for the past 3 years (2020, 2021 and 2022).

Obtain 2021 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 letter at 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 was not successful.

Section C – Parent Household Information (Please read instructions before completing)

Please list the people in your parents' household, including:

- (1) yourself (even if you don't live with your parents)
- (2) your parents and/or stepparent if married according to FAFSA guidelines
- (3) your parents' other children if:
 - (a) your parents will provide more than half of their support between July 1, 2023 and June 30, 2024 OR
 - (b) the children would be required to provide parental information when applying for Federal Student Aid
- (4) other dependents if:
 - (a) they now live with your parents AND
 - (b) your parents will provide more than half of their support between July 1, 2023 and June 30, 2024

Write the names of all household members in the spaces below. If you need more space, attach a separate sheet. Also, write in the name of the college for any household member listed (excluding your parents), who will be attending college at least half-time between **July 1, 2023 and June 30, 2024** in a program that leads to a college degree or certificate.

Full Name	Age	Relationship	College	Expected Graduation (Month and Year)

Section D – Statistical Data

- Do you come from a rural residential background? Yes No
- Do you intend to practice in a medically underserved community? Yes No
- Do you intend to practice in a rural area? Yes No

The College of Medicine (COM) is required by federal law to request the following information for reporting purposes.

PLEASE NOTE: If you are awarded funding from any Health Resources Services Administration (HRSA) source, you must maintain contact with COM OSFA for a period of no less than 5 years so we can provide HRSA with your **work address** to determine whether you are working in a medically underserved area. The information requested below will be given to HRSA, which will be used to provide justification for COM to receive additional funding for future opportunities.

Age: _____ Gender: Female Male Residency Status: Illinois Resident: Non-resident:

Are you a veteran of the U.S. Armed Forces? Yes No

Are you of Hispanic, Latino, or Spanish origin? Yes No

Select one or more of the following racial categories to best describe you:

American Indian or Alaska Native: Black or African American: White:

Asian: Native Hawaiian or Other Pacific Islander:

Section E – Student Signature

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 HRSA. The COM OSFA reserves the right to request additional documentation after initial review of this application. **Incomplete applications and/or unsigned copies will not be considered, so please take time to verify everything has been submitted and SIGNED.**

Signature

Date