

2024-2025 Loans For Disadvantaged Students (LDS) Application

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

Application Deadline: Sunday, March 9, 2025

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- Family Information

Parent's income must be within the LDS Income Threshold based on their household size.

Indicate the number of people in your parent's household: _____

Include the following people:

- yourself (even if you don't live with your parents)
- your parents and/or stepparent if married
- your parents' other children if your parents will provide more than half of their support between July 1, 2024, and June 30, 2025
- other dependents that reside with your parents if your parents will provide more than half of their support between July 1, 2024, and June 30, 2025

Section C – Tax Requirements

Only **one (1)** box should be checked.

- ☐ I attached a signed copy of my parents' 2022 Federal Tax Returns.
- ☐ My parents worked in 2022, but they did not and were not required to file taxes.
**I am submitting my parents' 2022 W-2 or 1099 Misc. forms.
- ☐ My parents did not work in 2022. They did not and were not required to file taxes.
- ☐ My parents are deceased. I am including their obituary/death certificate.

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

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

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 (Cannot be typed or stamped)**Date**