

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

2024-2025 Primary Care Loan (PCL) Application (M4 Students)

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

Application Deadline: Sunday, March 23, 2025

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- Family Information

Parent's income (or student if exempt) must be within the PCL Income Threshold based on the household size.

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

Include the following people if your parents will provide more than half of their support between July 1, 2024, and June 30, 2025:

- yourself (even if you don't live with your parents)
- your parents and/or stepparent if married
- your parents' other children
- other dependents that reside with your parents

If you are exempt, indicate the number of people in your household: _____

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.
- ☐ 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 (2021, 2022, and 2023).

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Section D – PCL 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 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

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: ☐

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