SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE – Office of Financial Aid

Springfield Campus: P.O. Box 19624 M/C 9624 -- Springfield, Illinois 62794-9624 -- Phone: (217) 545-2223

2024-2025 PRIMARY CARE LOAN (PCL) Application

***See the PCL Information and Guidelines for service requirements and definitions: http://www.siumed.edu/studentaffairs/primary-care-loan-program.html.

Section A – Student Information (Please print clearly)

Last Name | First Name | M.I. | Email

Street Address | City | State | Zip Code

Section B – PCL Application Requirements

SIU-SOM reserves the right to request additional documentation after initial review of this application. FAFSA

☐ **I have submitted a 2024-2025 Free Application for Federal Student Aid (FAFSA) to the Federal Processor with all of my parental information.** All students must complete all questions in the parental section of the FAFSA and submit. Although the Department of Education does not require parental information for graduate/professional students, parental information is required by the Department of Health and Human Services. However, this parental information will not be used by the Department of Education to determine your federal aid eligibility.

PARENTS' IRS TAX DOCUMENTATION *(Select One)*

☐ I used the **IRS data retrieval tool on my FAFSA to submit my parents' 2022 federal income tax return** information. ☐ I attached **signed copies of my parents' 2022 federal income tax returns and W2's**.

☐ My parents are **NOT REQUIRED** to file a 2022 federal tax return per the IRS regulations.

STUDENT IRS TAX DOCUMENTATION *(Select One)*

☐ I used the **IRS data retrieval tool on my FAFSA to submit my 2022 federal income tax return** information.

☐ I attached **signed copies of my *(and spouse if applicable)* 2022 federal IRS Tax Return Transcripts and W2's**.

☐ am **NOT REQUIRED** to file a 2022 federal tax return per the IRS regulations.

Note:

- *Those that are not required to file a tax return will still need to provide any W-2 and 1099 Misc forms for 2022.*
- *For a copy of IRS Tax Return Transcripts, please visit https://www.irs.gov/Individuals/Get-Transcript or submit a request by calling 1-800-908-9946 (transcripts are free).*
- *If parents reside and work in a foreign country, provide the equivalent of a federal income tax return translated into English with USD currency conversion.*

(Optional) EXCEPTION TO PARENT INFO AND TAX SUBMISSION REQUIREMENT

☐ Check here if you will be applying as Independent with the exception to the Parent Info and Tax Requirement and have submitted all documentation required for this exception. To apply with this option, you must provide the following:

- Must be at least 24 years old. Submit a copy of your driver's license, birth certificate, or a passport as proof.
- Independence from parents by submitting proof that you have not been claimed on your parents' tax returns for the last 3 tax years. (If parents filed separately, you must submit signed copies of taxes from each parent) Documentation of tax information can include **signed** copies of the parents' or student's federal tax returns for the last 3 years (2019, 2020 and 2021).

ENTER YOUR **DAWG TAG #** →

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

Parents' Household: Please list the people in your parent(s)' household, including:
-yourself and your parents (even if you don't live with your parents),
-your parents' children ***if***
(a) your parents will provide more than half of their support between **July 1, 2024 and June 30, 2025 or-**
(b) the children would be required to provide parental information when applying for Federal Student Aid.

-AND-

-other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support between **July 1, 2024 and June 30, 2025**.

Write the names of all household members in the space(s) 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 parent(s)), who will be attending college at least half-time between **July 1, 2024 and June 30, 2025** in a program that leads to a college degree or certificate.

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

Section D – Voluntary

SIU-SOM is required by Federal law to request the following information for statistical reporting purposes. **PLEASE NOTE:** If you are awarded funding from any HRSA source, you must agree to maintain contact with your respective financial aid office (or school representative) for a period of no less than 5 years so SIU-SOM can provide HRSA with your **work address** to determine whether or not you are working in a medically underserved area. **The information requested below will be given to the Health Resources Services Administration-HRSA, which will be used to provide justification for SIU-SOM to be awarded additional scholarship/grant funding for future awards.**

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

Rural Background: Do you come from a Rural Residential Background? Yes ☐ No ☐

Veteran Status: Are you a veteran of the U.S. Armed Forces? Yes ☐ No ☐

Race and Ethnicity: Do you consider yourself to be of Hispanic/Latino descent? Yes ☐ No ☐

In addition, 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: ☐

Intent to Practice:

Do you have any intention to practice in a primary care type of practice? Yes ☐ No ☐

Do you have any intention to practice in a medically underserved community/HPSA? Yes ☐ No ☐

Do you have any intention to practice in a rural area? Yes ☐ No ☐

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 the Health Resources & Services Administration-HRSA. **Incomplete applications and/or unsigned copies will not be considered, so please take time to verify everything has been submitted and is SIGNED.**

Signature **Date**