

UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE
Student Financial Aid
2005-2006 Primary Care Student Loan (PCL) Request Form

Name (please type or print)

SSN

Year Enrolled in 2005-2006 (check one) 1st 2nd 3rd 4th

I am a previous recipient of a PCL Yes No

I wish to be considered for a Primary Care Loan for the 2005-2006 academic year, and I am willing to sign a service agreement, as required by the Department of Health and Human Services. **I UNDERSTAND THAT ELIGIBILITY ALSO INCLUDES MY PARENT'S FINANCIAL INFORMATION and I have provided this information on the FAFSA or directly to the Financial Aid Office.**

My specialty interest at this time is:

Family Practice

Preventive Medicine

General Internal Medicine

Public Health

General Pediatrics

I understand that I must enter and complete a Primary Care Residency (as listed above; OB-GYN and Emergency Medicine are not approved) within 4 years, and practice in Primary Care until the loan is repaid in full.

Signature

Date

Email Address

Return completed form by the deadline, May 2, 2005:

UK College of Medicine
Office of Academic Affairs
Attn: Linda A. Gilbert
MN-104, UKMC
Lexington, KY 40536-0298