The Dr. and Mrs. Richard and Muriel Saunders Med School Loan Fund (SML) was created by the generous donation of the Saunders estate to assist students entering the field of Family Medicine. Students who have matched into an ACGME accredited Family Medicine program are encouraged to apply for the SML.

The amount of the loan varies according to available funding and financial need. The interest rate on the SML is 5%, however, interest does not accrue during residency. Loan recipients must complete their Family Medicine residency training within four (4) years of graduating. The loan must be repaid over a five (5) year repayment period. Entering employment outside of Family Medicine will increase the interest rate to 9% beginning at that date such employment began.

To apply for the Saunders Medical Loan:

- Complete the Saunders Medical Loan Application
- Complete the Free Application for Federal Student Aid (FAFSA). Parental information is required on the FAFSA regardless of age or marital status
- Must be a graduating fourth year medical student entering into an approved ACGME Family Medicine residency program
- Be a United States citizen or permanent resident

To receive priority consideration application must be returned by April 1.
SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
The Dr. and Mrs. Richard and Muriel Saunders Med School Loan Fund
Family Medicine
2015-2016 Application
Application submission priority date: April 1

### APPLICANT INFORMATION--PLEASE PRINT

<table>
<thead>
<tr>
<th>SLU ID # :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City, State &amp; Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>E-mail Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requested Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please indicate which of your current year loans you would like to be replaced by this loan:

__________________________________

_____________________________________________________________________________________________________________________________

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### ELIGIBILITY CRITERIA

1. Are you a U. S. Citizen, National, or lawful permanent resident of the United States, the commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific?  
   - YES ☐   - NO ☐

2. Do you plan on entering and completing a residency and subsequently practicing in Family Medicine?  
   - YES ☐   - NO ☐

### HAVE YOU SUBMITTED THE FOLLOWING? IF YES, YOU DO NOT NEED TO SUBMIT AGAIN.

<table>
<thead>
<tr>
<th></th>
<th>YES ☐</th>
<th>NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 2015-2016 Free Application for Federal Student Aid (FAFSA) with parental data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Validation form available online at <a href="http://www.slu.edu/services/fin_aid/forms.php">http://www.slu.edu/services/fin_aid/forms.php</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your FAFSA updated using the Data Retrieval Tool for you or a copy of the federal tax return transcripts for you and your spouse. (if you or your spouse filed).</td>
<td>YES ☐</td>
<td>NO ☐</td>
</tr>
<tr>
<td>Your Parental information updated on your FAFSA Data Retrieval Tool or a copy of the federal tax return transcripts for your parent(s). (if your parent(s) filed).</td>
<td>YES ☐</td>
<td>NO ☐</td>
</tr>
</tbody>
</table>

In the space below, write a brief statement about your interest in Family Medicine and the Saunders Med Loan.

---

My signature below certifies that the information reported is complete and correct.

Student Signature: ____________________________ Date: ____________________________
**Loan Interest Rate & Fees**

Your starting interest rate will be between

- **5%**
- **Fixed**

Loan will increase to 9% for non-compliance.

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**Loan Fees**

Zero processing fees, late charge equal to 6% of scheduled payments more than 60 days past due. Associated collection fees for referral to collection agency.

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**Loan Cost Examples**

The total amount you will pay for this loan will vary depending upon when you start to repay it. This example provides estimates based upon 3 repayment options available to you during and after residency.

<table>
<thead>
<tr>
<th>Repayment Option</th>
<th>Amount Provided</th>
<th>Interest Rate</th>
<th>Loan Term</th>
<th>Total Paid over 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>(while enrolled in school)</td>
<td>(amount provided directly to you or your school)</td>
<td>(highest possible starting rate)</td>
<td>(how long you have to pay off the loan)</td>
<td>(includes associated fees)</td>
</tr>
<tr>
<td><strong>1. Grace Period</strong></td>
<td>$20,000</td>
<td>5%</td>
<td>6 months before repayment</td>
<td>No payment due</td>
</tr>
<tr>
<td><strong>2. Pre-payment prior to end of residency</strong></td>
<td>$20,000</td>
<td>5%</td>
<td>5 years</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>3 Standard repayment after a 6 month grace and up to 3 years of residency deferment</strong></td>
<td>$20,000</td>
<td>5%</td>
<td>After a 6 month grace period</td>
<td>$22,645.52</td>
</tr>
</tbody>
</table>

**About this example**

1. Loan is repaid on time over 5 years
2. Original amount borrowed is repaid prior to end of residency.
3. Original amount borrowed is repaid after grace period and residency, provided borrower submits deferment forms as appropriate.
Federal Loan Alternatives

<table>
<thead>
<tr>
<th>Loan program</th>
<th>Current Interest Rates by Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perkins For Students</td>
<td>5%</td>
</tr>
<tr>
<td>Stafford For Students</td>
<td>5.84% Graduate Unsubsidized</td>
</tr>
<tr>
<td>PLUS For Graduate and Professional Students</td>
<td>6.84% Graduate Plus Loan</td>
</tr>
</tbody>
</table>

You may qualify for Federal education loans.
For additional information, contact your school’s financial aid office or the Department of Education at: www.federalstudentaid.ed.gov

Next Steps

1. **Find Out About Other Loan Options.**
   Some schools have school-specific student loan benefits and terms not detailed on this form. Contact your school’s financial aid office or visit the Department of Education’s web site at: www.federalstudentaid.ed.gov for more information about other loans.

2. **To Apply for this Loan, Complete the Application and the Self-Certification Form.**
   You may get the certification form your school’s Financial Aid office. If you are approved for this loan, the loan terms will be available for 30 days.

3. **I acknowledge I have read, understand, and received a copy of this material.**

REFERENCE NOTES

- **Interest Rate**
  - Interest shall accrue from the beginning of the repayment period at 5% until loan is paid in full or until borrower becomes non-compliant.
  - Interest penalty of 9% begins from non-compliance until paid in full.

- **Eligibility Criteria**
  - Must be practicing in Family Medicine field as specified by promissory note.

- **Bankruptcy Limitations**
  - If you file for bankruptcy you may still be required to pay back this loan.

- **Repayment Options:**
  Borrower may defer payments during medical residency, provided the appropriate deferment forms are submitted annually. Minimum repayment $30 monthly, no less than five (5) years.
  Non-compliance with Family Medicine disallows deferment privileges as outlined in items 3 of the promissory note.

- **Prepayments:**
  - No pre-payment penalty

More information about loan eligibility, repayment options, deferment or forbearance options and non-compliance information is available in the Saunders Med Loan Promissory Note.
SCHOOL OF MEDICINE
The Saunders Medical Loan Fund (SML) Checklist

Section I: To be submitted by student to Student Financial Services
The following documents are the required documents to apply for and receive the SML loan.
☐ The SML Application with completed worksheet or current account statement attached
☐ The 2015-2016 FAFSA with parental data: www.fafsa.ed.gov
☐ The 2015-2016 Validation documents as listed on the SML Application
☐ The SML Promissory Note
☐ The Application and Self-Certification
☐ The SML Certification of Post-Residency Training form to be completed annually until loan is repaid in-full

Section II: To be completed after Application submitted and processed
☐ The University Accounting Services (UAS) on line exit counseling at:
   http://www.uaservice.com/
☐ The University Accounting Services (UAS) Deferment form to be completed annually until residency training is completed. http://www.uaservice.com/
☐ The SML Certification of Post-Residency Training form to be completed annually until loan is repaid in-full

Documents should be returned to:

Saint Louis University
Student Financial Services
1402 S. Grand Blvd.
Caroline Rm. 120
St. Louis, MO 63104