SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
Loans for Disadvantaged Students (LDS) 2023-2024 Application

The purpose of the LDS program is to provide low-interest rate loans to eligible individuals from disadvantaged backgrounds that are enrolled full-time in good standing at an eligible health professions school.

Eligibility:

An individual from a disadvantaged background is defined by the U.S. Department of Health and Human Services as someone who:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school; or
- Comes from a family with an annual income below a level based on low-income guidelines according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for use in health professions and nursing programs.

Eligible students must also be:

- A citizen, national or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia.

Application: To apply for the LDS loan the student needs to complete the Free Application for Federal Student Aid. For consideration, the parental data must be included on the FAFSA regardless of dependency status. Students must also submit copies of both their and their parents Federal Tax returns. Application submission priority date: October 3, 2023.

Amount: Awards up to $15,000 per academic year, based on the availability of funds.

Interest rate: 5% fixed interest. Interest does not accrue during periods of grace or deferment.
SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
Loans for Disadvantaged Students (LDS) 2023-2024 Application Checklist

The following documents are required to apply for and receive the LDS loan. They must be submitted by October 3, 2023 to receive consideration for the Loans for Disadvantaged Student program.

☐ The LDS Application
☐ The 2023-2024 FAFSA completed with parental data using the data retrieval tool (DRT)
☐ The 2023-2024 Validation documents as listed on the LDS application
☐ The LDS Application & Solicitation Disclosure (Do Not Return – Information Only)

This section is to be completed with Student Financial Services (If LDS awarded)

☐ The LDS Promissory Note
☐ The Entrance Counseling Questionnaire
☐ The LDS Private Education Loan Applicant Self-Certification
☐ The LDS Approval Disclosure and The LDS Final Disclosure

Please return the above documents to:

Saint Louis University
Student Financial Services
1402 S. Grand Blvd.
Caroline 120
St. Louis, MO 63104
SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE  
Loans for Disadvantaged Students (LDS) 2023-2024 Application

Application submission priority date: October 3, 2023

**APPLICANT INFORMATION—PLEASE PRINT**

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

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Apartment#:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**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 come from an environment that has inhibited you from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school?  
   YES □ NO □

3. Does your parent’s annual income fall below a level based on poverty guidelines according to family size published by the U. S. Census Bureau? To answer this question, please refer to the chart on the back page.  
   YES □ NO □

4. Does your annual income fall below a level based on poverty guidelines according to family size published by the U. S. Census Bureau? To answer this question, please refer to the chart on the back page.  
   YES □ NO □

5. Do you intend to serve in a medically underserved community upon completion of medical school?  
   YES □ NO □

6. Do you intend to practice in primary care upon completion of medical school?  
   YES □ NO □

7. Do you come from a rural background? If yes, what town:  
   YES □ NO □

8. Do you intend to serve in a rural area upon completion of medical school?  
   YES □ NO □

9. Do you come from an underrepresented minority group? (Asian, Black or African American, American Indian or Alaska native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino) If yes, please indicate which minority group best describes you:  
   YES □ NO □

10. Are you a first generation college student? (Answer yes if neither of your parents went to college)  
    YES □ NO □

**HAVE YOU SUBMITTED THE FOLLOWING?**

The 2023-2024 Free Application for Federal Student Aid (FAFSA) with the parental information?  
   YES □ NO □

The 2032-2024 Validation form available upon request  
   YES □ NO □

Your FAFSA updated using the Data Retrieval Tool for you or a copy of the 2020 federal tax return transcripts for you and your spouse. (if you or your spouse filed).  
   YES □ NO □

Your Parental information updated on your FAFSA Data Retrieval Tool or a copy of the 2021 federal tax return transcripts for your parent(s). (if your parent(s) filed).  
   YES □ NO □

In the box below write a brief statement about why your background qualifies you for the LDS. Attach a second page if needed.

---

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

Student Signature: ____________________________ Date: ____________________________
The 2023 Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>48 Contiguous States and the District of Columbia</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$14,580</td>
<td>$18,210</td>
<td>$16,770</td>
</tr>
<tr>
<td>2</td>
<td>$19,720</td>
<td>$24,640</td>
<td>$22,680</td>
</tr>
<tr>
<td>3</td>
<td>$24,860</td>
<td>$31,070</td>
<td>$28,590</td>
</tr>
<tr>
<td>4</td>
<td>$30,000</td>
<td>$37,500</td>
<td>$34,500</td>
</tr>
<tr>
<td>5</td>
<td>$35,140</td>
<td>$43,930</td>
<td>$40,410</td>
</tr>
<tr>
<td>6</td>
<td>$40,280</td>
<td>$50,360</td>
<td>$46,320</td>
</tr>
<tr>
<td>7</td>
<td>$45,420</td>
<td>$56,790</td>
<td>$52,230</td>
</tr>
<tr>
<td>8</td>
<td>$50,560</td>
<td>$63,220</td>
<td>$58,140</td>
</tr>
</tbody>
</table>

For families with more than 8 persons add: $5,140 for each additional person

Taken from the Department of Health and Human Services website 07/21/2023 https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
SAINT LOUIS UNIVERSITY
STUDENT FINANCIAL SERVICES

2023-2024 School of Medicine Validation Form
Student/Spouse Data

Student Name: ____________________________ SLU Banner ID: ____________________________

To complete the application process for SLU SOM Scholarships or Loans for Disadvantaged Students, submit the following within 2 weeks of receipt:

- The 2023-2024 School of Medicine Validation Form Student/Spouse Data sections 1 to 3
- 2021 federal tax return transcript or, have completed the FAFSA using the IRS Data Retrieval Tool (IRS DRT)

Students who provide parental data on the FAFSA must also complete:

- The 2023-2024 School of Medicine Validation Form Parental Data sections 4 to 6
- Parent 2021 federal tax return transcript or, have completed the FAFSA using the IRS Data Retrieval Tool (IRS DRT)

All documents must be submitted to the Office of Student Financial Services within 2 weeks.

Section 1: Student/Spouse Tax Filing Status:

☐ I or my spouse (if married) did or will file a 2021 federal tax return. ☐ I did or will update the FAFSA using the IRS DRT

If you or your spouse (if married) did or will file please skip to section 2

☐ I will not file a federal tax return

☐ If you or your spouse had income earned from work, list the amount and provide W2(s)

| Total Student Wages | $________ |
| Total Spouse Wages | $________ |

☐ I did not receive a W2 for all or part of my earned income.

| Student income without W2 | $________ |

☐ My spouse did not receive a W2 for all or part of their earned income.

| Spouse income without W2 | $________ |

Section 2: Student/Spouse Family Size:

List the following in the boxes below. Attach a separate page if necessary. Note: the number of people listed here should match what was reported on the FAFSA.

- Yourself and your spouse (if married), and
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2023 through June 30, 2024, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse will provide more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2024.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024. Include the name of the college. Do not include family members who are in U.S. military academies.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td>Self</td>
<td>Saint Louis University</td>
</tr>
<tr>
<td>☐ Spouse</td>
<td></td>
<td>☐ No ☐ Yes, Name of College: [________]</td>
<td></td>
</tr>
<tr>
<td>☐ Child</td>
<td></td>
<td>☐ No ☐ Yes, Name of College: [________]</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>☐ No ☐ Yes, Name of College: [________]</td>
<td></td>
</tr>
</tbody>
</table>

Section 3: Student/Spouse Additional Financial Information: In the boxes below list the amount you paid or received during 2021. If not applicable, please list “0”.

- Amount of child support paid because of divorce or separation or as a result of legal requirement. $________
- Combat pay or special combat pay. Only enter the amount that was taxable. So not enter untaxed combat pay reported on W2 (box 12, code Q) $________
- Amount of payments to tax deferred pension plan reported on W2 boxes 12a to 12d with codes D, E, F, G, H and S. $________
- Amount of Child Support received for all children. Don’t include foster care or adoption payments. $________
- Housing, food and other living allowances paid to members of the military, clergy and others. Don’t include on-base military housing. $________
- Money received or paid on your behalf (e.g., bills, tuition) not reported elsewhere on this form. $________

By signing, I certify that all of the information reported and/or attached is complete and correct. WARNING: If you purposely provide false or misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT SIGNATURE ____________________________ DATE ____________

NOTE: Signatures must be handwritten. Computer fonts not acceptable

SPouse SIGNATURE ____________________________ DATE ____________
SAINT LOUIS UNIVERSITY
STUDENT FINANCIAL SERVICES

2023-2024 School of Medicine Validation Form
Parent Data

Student Name: ____________________________ SLU Banner ID: ____________________________

To complete the application process for SLU SOM Scholarships or Loans for Disadvantaged Students, submit the following within 2 weeks of receipt:
- The 2023-2024 School of Medicine Validation Form Student/Spouse Data sections 1 to 3
- 2021 federal tax return transcript or, have completed the FAFSA using the IRS Data Retrieval Tool (IRS DRT)

Students who provide parental data on the FAFSA must also complete:
- The 2023-2024 School of Medicine Validation Form Parental Data sections 4 to 6
- Parent 2021 federal tax return transcript or, have completed the FAFSA using the IRS Data Retrieval Tool (IRS DRT)

All documents must be submitted to the Office of Student Financial Services within 2 weeks.

Section 4: Parent Tax Filing Status:

☐ My parent(s) did or will file a 2021 federal tax return. If your parent(s) did or will file please skip to section 5
☐ My parent(s) will not file a federal tax return
☐ If your parent(s) had income earned from work, list the amount and provide W2(s)

<table>
<thead>
<tr>
<th>Parent 1 Wages</th>
<th>Parent 2 Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

☐ Parent 1 did not receive a W2 for all or part of my earned income.
☐ Parent 2 did not receive a W2 for all or part of their earned income.

Section 5: Parent Family Size:

List the following in the boxes below. Attach a separate page if necessary. Note: the number of people listed here should match what was reported on the FAFSA.
- The Student
- The parents (including a stepparent) even if the student does not live with the parents.
- The parents’ other children if the parents will provide more than half of the children’s support from July 1, 2023 through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2024.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024. Include the name of the college. Do not include siblings who are in U.S. military service academies.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td>Saint Louis University Do Not Use</td>
</tr>
<tr>
<td>☐ Parent 1 / Parent 2</td>
<td></td>
<td></td>
<td>Do Not Use</td>
</tr>
<tr>
<td>☐ Parent 1 / Parent 2</td>
<td></td>
<td></td>
<td>Do Not Use</td>
</tr>
<tr>
<td>☐ Sibling ☐ Other:</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes, Name of College:</td>
</tr>
<tr>
<td>☐ Sibling ☐ Other:</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes, Name of College:</td>
</tr>
</tbody>
</table>

Section 6: Parent Additional Financial Information in the boxes below list the amount you paid or received during 2021. If not applicable, please list "0".
- Amount of child support paid because of divorce or separation or as a result of legal requirement.
- Combat pay or special combat pay. Only enter the amount that was taxable. So not enter untaxed combat pay reported on W2 (box 12, code Q)
- Amount of payments to tax deferred pension plan reported on W2 boxes 12a to 12d with codes D, E, F, G, H and S.
- Amount of Child Support received for all children. Don’t include foster care or adoption payments.
- Housing, food and other living allowances paid to members of the military, clergy and others. Don’t include on-base military housing.
- Money received or paid on your behalf (e.g., bills, tuition) not reported elsewhere on this form.

By signing, I certify that all of the information reported and/or attached is complete and correct. WARNING: If you purposely provide false or misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

PARENT SIGNATURE
NOTE: Signatures must be Handwritten. Computer fonts not acceptable

DATE

STUDENT FINANCIAL SERVICES /// 1402 S GRAND BLVD, CAROLINE BUILDING, RM 120, ST LOUIS, MO 63104
TEL: 314-977-9840 • FAX: 314-977-9811 • SFP@SLU.EDU
H-18 Loans Disadvantaged Students Cost Example Disclosure

Saint Louis University – School of Medicine
Student Financial Services
1402 S. Grand Blvd.
St. Louis, MO 63104
314-977-9840

Loan Interest Rate & Fees

<table>
<thead>
<tr>
<th>Your starting interest rate will be between</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
</tr>
<tr>
<td>Fixed</td>
</tr>
</tbody>
</table>

Your Starting Interest Rate (upon acceptance)
The starting interest rate you pay will be determined after you apply. If approved, we will notify you of the rate you qualify for within the stated range.

Your Interest Rate during the life of the loan:
Your interest rate is fixed at 5%. The grace period is 12 months, during which no interest accrues.

5%

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.

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 (amount provided directly to you or your school)</th>
<th>Interest Rate (highest possible starting rate)</th>
<th>Loan Term (how long you have to pay off the loan)</th>
<th>Total Paid over [term of loan] (includes associated fees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grace Period</td>
<td>$10,000</td>
<td>5%</td>
<td>10 years</td>
<td>No payment due</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12 months after graduation</td>
<td></td>
</tr>
<tr>
<td>2. Pre-payment prior to end of residency</td>
<td>$10,000</td>
<td>5%</td>
<td>10 years</td>
<td>$10,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12 months after graduation</td>
<td></td>
</tr>
<tr>
<td>3 Standard repayment</td>
<td>$10,000</td>
<td>5%</td>
<td>10 years</td>
<td>$12,727.71</td>
</tr>
<tr>
<td>After 12 month grace, up to 3 yrs of residency, 2 yrs fellowship deferment</td>
<td></td>
<td></td>
<td>12 months after graduation</td>
<td></td>
</tr>
</tbody>
</table>

About this example
1 Loan is repaid on time over 10 years
2 Original amount borrowed is repaid prior to end of residency.
3 Original amount borrowed is repaid after grace period and residency/fellowship, 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>5.49% Undergraduate subsidized</td>
</tr>
<tr>
<td>Plus for Parents and Graduate/Professional Students</td>
<td>7.05% Undergraduate unsubsidized &amp; Graduare</td>
</tr>
<tr>
<td></td>
<td>8.05% Federal Direct 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:
slp@slu.edu or 314-977-9840
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 website 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 from 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.

Eligibility Criteria
• Deferment eligibility requires full-time status 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 $40 monthly, not less than ten (10) years, nor more than twenty-five (25) years.
• Prepayments:
• No pre-payment penalty

More information about loan eligibility, repayment options, deferment, or forbearance options is available in your LDS promissory note.