



Loan Assistance Program Application

BEFORE YOU BEGIN, please make sure you have electronic copies of the required documents, listed below. You will be asked to upload these documents throughout the application.

- Verification of your education/training:
 - copy of your diploma OR
 - letter from the school stating dates of attendance and program completion OR
 - transcripts stating dates of attendance and program completion
- Documentation from lenders indicating current educational loan balances

In addition, the following documents are required from your employer:*

- A letter from your employer detailing their commitment to your retention; this must also include confirmation that your wages will not be offset by the amount of any award you may receive
- For HPLAP applicants only: A copy of your employer's policy for accommodating patients unable to pay full price for services, if they have such a policy
- A completed [Employer Form](#) - copy and send the link to your employer and ask them to complete the form

**It is the applicant's responsibility to confirm required employer's documents have been submitted.*

Applications to the Loan Assistance Program are evaluated based on several criteria and are considered by an independent review committee, which scores and ranks applications based on these criteria. You can view these criteria here: [Evaluation criteria](#)

If you need more than one session to complete your application, you will need to use the same computer and the same Internet browser. There is no "save" button - to exit the system, simply close the browser window. To re-enter the system, click on the application link using the same computer and the same Internet browser.

Are you a physician?

- Yes
 - No
-

Please select the program(s) for which you are applying:

- Health Professions Loan Assistance Program
- Rural Physician Loan Assistance Program

Applicant Information

A significant portion of funding for the Loan Assistance Programs (LAP) comes from the federal government. The Wisconsin Office of Rural Health (WI-ORH) is required to collect and submit specified information in order to participate in these funding opportunities. Information in this section of the application is used for reporting purposes only; it is NOT considered in the process of selecting LAP awardees.

Title	<input type="text"/>
First name	<input type="text"/>
Middle initial	<input type="text"/>
Last name	<input type="text"/>
Suffix	<input type="text"/>
Home address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP code	<input type="text"/>
Preferred email	<input type="text"/>

Please select your responses from the drop-down menus below.

Gender	<input type="text"/>
Race/Ethnicity	<input type="text"/>
US citizen	<input type="text"/>

How did you first hear about WI-ORH's loan assistance programs?

- Presentation by WI-ORH staff
- Job fair
- Colleague
- School/Residency/Training Program
- Employer
- Internet search
- Other (please explain)

Practice Information

Please indicate your discipline, specialty, and credential as applicable.

Discipline	<input type="text"/>
Specialty	<input type="text"/>
Credential	<input type="text"/>

Practice Information

Please indicate your discipline, specialty, and credential as applicable.

Discipline	<input type="text"/>
Specialty	<input type="text"/>
Credential	<input type="text"/>

WI License Number

Education Information

In what state did you complete your medical education?

Verification from your school regarding program completion and graduation date is required. Acceptable verification includes:

- a copy of your diploma, **OR**
- a copy of your transcript, **OR**
- a letter from your school

Upload verification by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

Financial Information

	Yes	No
Are you currently receiving a National Health Service Corps award?	<input type="radio"/>	<input type="radio"/>
Do you have an open application on file with the National Health Service Corps?	<input type="radio"/>	<input type="radio"/>
Do you have a lien against your property from the Federal Government?	<input type="radio"/>	<input type="radio"/>
Have you ever defaulted on any Federal payment obligations?	<input type="radio"/>	<input type="radio"/>
Have you ever had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived?	<input type="radio"/>	<input type="radio"/>
Do you have a Primary Care Loan through the US Department of Health and Human Services, Health Resources and Services Administration?	<input type="radio"/>	<input type="radio"/>
Have you previously received a Wisconsin Health Professions Loan Assistance Program award?	<input type="radio"/>	<input type="radio"/>
Have you previously received a Wisconsin Rural Physicians Loan Assistance Program award?	<input type="radio"/>	<input type="radio"/>

What is your current outstanding balance on all educational loans?

How many educational loans do you currently have?

If you have more than 20 educational loans, please contact Kevin Jacobson for more information.

Please list individual loans and their outstanding balances in the order in which you want an award applied. For each loan, you will need to upload documentation from the lender clearly indicating the current balance.

If you have multiple loans for which you are requesting assistance, enter each loan's Loan Information separately. If multiple loans are reported on one balance statement from your lender, you only need to upload the statement once.

Note: The sum of your individual loan balances must equal your current outstanding balance above.

Loans

Loan Information

Date of original loan (mm/yyyy)	<input type="text"/>
Lender	<input type="text"/>
Loan balance	<input type="text"/>

Loan Balance Documentation

Upload documentation by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

Practice Site Information

Practice site name

Address

City

County

State

9-digit ZIP code

[9-digit ZIP code](#)

[lookup](#)

HPSA score

[HPSA score lookup](#)

HPSA ID

[HPSA ID lookup](#)

Please indicate your employment start date and how much time will be spent working.

Start date

(mm/yyyy)

How many hours per week do you work/will you be working?

How many weeks per year do you work/will you be working?

Note: You must be currently working, or begin working within 60 days, at your practice site when you apply for any of the loan assistance programs.

Will you be delivering or assisting in the delivery of babies?

Yes

No

Practice Site - Contact

Contact first name	<input type="text"/>
Contact last name	<input type="text"/>
Contact phone	<input type="text"/>
Contact email	<input type="text"/>
Contact position	<input type="text"/>

Personal Essay (maximum 750 words)

Provide an explanation of why you have chosen to practice in this community. In addition, please provide background information on factors that may influence your decision to remain in this community.

There are two options for submitting your personal essay:

1. Text can be copied and pasted into the the box below **OR**

2. An electronic copy of your essay can be uploaded here.

Upload documentation by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

All of the information I have provided is correct to my knowledge and belief.

- Agree
- Disagree