

Primary Care Loan (PCL)

The Primary Care Loan (PCL) program is a low cost federal loan program for medical students committed to primary health care practice. The interest rate is 5 percent and begins to accrue following a one year grace period after you cease to be a full-time student. When compared to other federal student loans and private loans, the PCL provides significant savings. The loan also offers deferment of principal and interest not found in other loan programs.

To apply for the Primary Care Loan (PCL),

- Complete the Free Application for Federal Student Aid (FAFSA). As a result of the new law, established March 23, 2010, an independent student is no longer required to submit parental financial information to determine financial need. However, priority consideration will go to applicants who include parental information and show financial need.
- The applicant must be enrolled full time and must be pursuing a degree in allopathic or osteopathic medicine, be a United States citizen or permanent resident.
- Complete a PCL application by April 1.

Acceptable residency training activities for a Primary Care Loan borrower include:

- Family Medicine
- Internal Medicine
- Pediatrics
- Combined Medicine/Pediatrics
- Preventive Medicine
- General Practice
- Acceptable practice activities for a Primary Care Loan borrower include:
 - Primary Care Clinical Practice
 - Clinical Preventive Medicine
 - Occupational Medicine
 - Public Health
 - Senior/chief resident in primary care residency program
 - Faculty Administrators or policy makers certified in one of the primary health care disciplines, geriatrics, adolescent medicine, adolescent pediatrics, sports medicine, masters in public health, public policy fellowship, and primary care fellowship.

Unacceptable practice activities include:

- Cardiology
- Gastroenterology
- Obstetrics/Gynecology
- Surgery
- Dermatology
- Radiology
- Rehabilitation Medicine
- Psychiatry
- Emergency Medicine
- Other subspecialty training or certification

The law requires that PCL recipients practice in primary care, but does not specify that the practice be full-time. Even though part-time practice is acceptable, the recipient would be in breach of service if this part-time status allowed him or her to sub-specialize. Additionally, PCL recipients must fulfill their service obligation in the U.S. or one of its territories. To fulfill the service obligation one must complete residency training in primary care within 4 years of graduation, and practice in primary health care in a State for 10 years (including the years spent in residency training) or through the date on which the loan is repaid in full, whichever occurs first and certify to the Institution annually until the loan is repaid in full that he/she is practicing in primary health care. Service outside the U.S. is only permitted if the borrower is in Military Service and is assigned to service outside the U.S. Repayment of the loan, including accrued interest, will be repayable in equal and graduated monthly installments in amounts calculated on the basis of a 10-25 year repayment period. As a penalty for non-compliance, the rate increases to 7 percent and the loan becomes payable in full.

Once you graduate or if you cease to be enrolled on a full time basis, your Primary Care Loan will go into a 12 month grace period. A grace period is a period of time between graduation or ceasing to be enrolled full time pursuing one of the health profession degrees listed above and the beginning of your loan repayment. Saint Louis University is the lender of the loan, and your payments will be made to our billing agent, [University Accounting Service](#). You are not required to make payments during the grace period, and any payments made during the grace period before your first interest accrual will be applied towards principal. The status of all loan accounts is reported to a national credit bureau monthly. I certify that I have read and understand that I must be committed to primary care as defined above for 10 years or until my Primary Care Loan is repaid in full, whichever comes first.

Name: _____

Date: _____

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

Primary Care Loan (PCL)

2018-2019 Application

Application submission priority date: **April 1, 2019**

APPLICANT INFORMATION--PLEASE PRINT		SSN:	SLU ID:
Last Name:	First Name:	M.:	
Street Address:	City, State & Zip:		
Phone:	E-mail Address:		
Requested Amount: \$			
Complete the Primary Care Loan Payout worksheet or attach a copy of your most current account statement from your lender's website. The total requested amount can include outstanding accrued interest. All fields are required.			

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 <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you plan on entering and completing a residency in one of the following fields: <ul style="list-style-type: none"> • Family Medicine • Combined medicine/pediatrics • Internal Medicine • Preventive medicine • Pediatrics • General practice 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you plan on practicing in one of the following areas: <ul style="list-style-type: none"> • Primary Care Clinical Practice • Public Health • Clinical Preventative Medicine • Senior/chief resident in primary care residency program • Occupational Medicine • Faculty administrators, or policy makers certified in one of the primary health care disciplines: Geriatrics, Adolescent medicine, Adolescent pediatrics, Sports medicine, Masters in public health, Public policy fellowship, Primary care fellowship 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you intend to serve in a medically underserved community upon completion of medical school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Do you intend to practice in primary care upon completion of medical school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you come from a rural background? If yes, what town:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Do you intend to serve in a rural area upon completion of medical school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. 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 <input type="checkbox"/>	NO <input type="checkbox"/>

HAVE YOU SUBMITTED THE FOLLOWING?		
The 2018-2019 Free Application for Federal Student Aid (FAFSA) with parental data.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The Scholarship Validation form (available upon request in office).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Your FAFSA updated using the Data Retrieval Tool for you or a copy of the 2016 federal tax return transcripts for you and your spouse. (if you or your spouse filed).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Your Parental information updated on your FAFSA Data Retrieval Tool or a copy of the 2016 federal tax return transcripts for your parent(s). (if your parent(s) filed).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the space below, write a brief statement about why you would like to borrow the PCL. Attach a second page if needed.		

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

Student Signature: _____ Date: _____

Primary Care Loans are awarded based on availability of funds and are designed to pay toward higher interest loans borrowed for your medical education. List the loans that you would like to be included in the PCL.

Primary Care Loan Pay Out Worksheet for Medical Education Loans

Year Borrowed	Loan Type	Lender/Service	Interest Rate	Principal Amount	Accrued Interest	Total pay out amount	Pay out date
1			%	\$	\$	\$	
2			%	\$	\$	\$	
3			%	\$	\$	\$	
4			%	\$	\$	\$	
5			%	\$	\$	\$	
6			%	\$	\$	\$	
7			%	\$	\$	\$	
8			%	\$	\$	\$	
9			%	\$	\$	\$	
10			%	\$	\$	\$	
11			%	\$	\$	\$	
12			%	\$	\$	\$	
13			%	\$	\$	\$	
14			%	\$	\$	\$	
15			%	\$	\$	\$	
Total:						\$	\$

Complete this worksheet or attach a copy of your most current account statement from your lender/service's website for your medical education loans. The total requested amount can include outstanding accrued interest for medical education loans.

Saint Louis University – School of Medicine
 Student Financial Services
 1402 S. Grand Blvd., C120
 St. Louis, MO 63104
 314-977-9840

Loan Interest Rate & Fees

Your starting interest rate will be between

5%

Fixed

Loan will increase to 7% for non-compliance.

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% while compliant with Primary Care loan requirements. Commitment requirement is 10 years.**

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.

Repayment Option (while enrolled in school)	Amount Provided (amount provided to you or your school)	Interest Rate (highest possible starting rate)	Loan Term (how long you have to pay off the loan)	Total Paid over [10 years] directly (includes associated fees)
1. Grace Period	\$50,000	5%	12 months after graduation	No payment due
2. Pre-payment prior to end of residency	\$50,000	5%	10 years 12 months after	\$50,000
3 Standard repayment After 12 month grace and up to 3 years of residency deferment	\$50,000	5%	10 years 12 months after graduation	\$63,638.80

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, provided borrower submits deferment forms as appropriate.

Federal Loan Alternatives

Loan program	Current Interest Rates by Program Type	
Perkins For Students	5%	
Stafford For Students	6.6%	Graduate Unsubsidized
PLUS For Graduate and Professional Students	7.6%	Graduate Plus Loan

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 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 or until borrower becomes non-compliant. Interest penalty of 7% begins from non-compliance until paid in full.

Eligibility Criteria

- Must be practicing in primary care 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 \$40 monthly, not less than ten (10) years, nor more than twenty-five (25) years.

Non compliance with primary care disallows deferment privileges outlined in the promissory note, item 7.

Prepayments:

- No pre-payment penalty

More information about loan eligibility, repayment options, deferment or forbearance options and non-compliance information is available in your PCL promissory note.



SAINT LOUIS UNIVERSITY

SCHOOL OF MEDICINE Primary Care Loan (PCL) Checklist

Section I: Application

The following documents are the required documents to apply for and receive the PCL loan. They must be submitted by **April 1, 2019** to receive consideration for the Primary Care Loan

- The PCL Application with completed worksheet or current account statement attached.
- The 2018-2019 FAFSA with parental data: www.fafsa.ed.gov
- The 2018-2019 Validation documents as listed on the PCL Application

Section II: To be completed with Student Financial Services

- Scheduled PCL appointment with Student Financial Services for: _____
- The Application and Self-Certification
- The PCL Promissory Note
- The Entrance Counseling Questionnaire
- The PCL Truth in Lending Statement
- The statement of Rights and Responsibilities
- The PCL Certification of Post-Residency Training form to be completed annually until loan is repaid in-full.

Section III: To be completed after your Student Financial Services Appointment

- 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/>

Please return the above documents to:

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