FINANCIAL LOAN APPLICATION

Please include:

- ☐ Completed Application
- ☐ Copy of Medical School Acceptance Letter
- ☐ Breakdown of Tuition, Fees, and Books
- ☐ Two Letters of Recommendation, preferably from an educator of pre-med studies and someone in the health profession

Return to:

Medical Educational Foundation
of the Academy of Medicine of Lima And Allen County
730 West Market Street
Lima, OH 45801
Email: pabaer@mercy.com
Fax: 419-226-9818

Amount Requested: (Max: $30,000 total) $_____ Per year: _____ Years: _____

Name: _____ Cell #: _____-_____-_____

Email Address: _____

Current Address: _____

Parent's Address: _____

Parent's Phone #: _____-_____-_____

Mother's Name/Occupation: _____/_____

Father's Name/Occupation: _____/_____

Spouse's Name/Occupation: _____/_____

High School: _____

College: _____

Undergrad Degree: _____ Major: _____ GPA: _____

Medical School: _____ MCAT: _____

Indicate any unusual demand that will be made on the family's financial resources during the next five years:

_____

_____

Have you applied for any other financial assistance? YES: _____ NO: _____

Application Approved? YES: _____ NO: _____ If Approved, Amount: $_____

FUTURE PLANS: Specialty (if known): _____

Where do you plan to locate in practice? _____

Please write a paragraph about yourself. Use the back of the application or attach a separate sheet.