Primary Care Loan Application Request

2024-2025 AID YEAR

Student Name: _____ Student ID#: _____

I am requesting the application for the **Primary Care Loan**. I certify that I am aware of the following:

- I must be enrolled in the TCOM program
- I intend to practice in Primary Care
  - There are penalties if you accept PCL funds and do not practice Primary Care
  - Acceptable residency fields for the PCL program may be viewed on pages 38-40 of the PCL Guidelines.
- If accepted, this loan must stay within my Cost of Attendance (yearly budget), and may require a reduction in other loan funds
- Additional paperwork will be required if the application is approved

Please sign the form electronically and submit using the button below. You may also print and sign the paper document. You can submit the paper application by email, postal mail, or in person.

Student Signature_____ Date_____

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Contact Information:

UNTHSC Financial Aid Office
Student Service Center
finaid@unthsc.edu

Physical Address: **Mailing Address:**
1051 Haskell Street   3500 Camp Bowie Blvd

Fort Worth, TX 76107   Fort Worth, TX 76107