

The Office of Financial Aid would like to inform you of additional financial aid resources that are available to disadvantaged students. The Health Professions Student Loan (HPSL) and Loans for Disadvantage Students (LDS) have favorable loan terms as compared to the Direct Plus Loan and the Direct Unsubsidized Loan as these start to accrue interest the day the loan is disbursed. The Health Professions Student Loan and Loans for Disadvantage Students are **subsidized** while you are in school (no interest accrues) and fixed at five percent (5%) in repayment.

Loan Comparison Chart

LOAN PROGRAM	INTEREST IN SCHOOL	INTEREST REPAYMENT	LOAN FEES	GRACE
HPSL & LDS	NA	5%	NA	12 Months
Direct Unsubsidized	*5.31%	*5.31%	1.068%	6 Months
Direct Plus Loan	*6.31%	*6.31%	4.270%	6 Months

***Loans after July 1, 2016**

ELIGIBILITY

- ❖ Must be U.S. Citizen or Permanent Resident
- ❖ Must be enrolled FULL TIME (8 credits or more)

LOAN TERMS

- ❖ Subsidized during school; five percent during repayment
- ❖ **NO loan fees**
- ❖ Award amounts depend on financial need and funding availability
- ❖ Grace period is 12 months; up to ten years to repay

APPLICATION PROCESS

Please note due to the FASFA beginning on October 1, 2016 for 2017-2018 academic year, you will be entering 2015 tax reported data for the student and parent sections of the FAFSA.

- ❖ Complete the 2017-2018 Application for Disadvantage Programs
- ❖ Complete the 2017-2018 FAFSA Application and include parent information
 - Use IRS Data Retrieval Tool (if available) to import 2015 tax year data into the FAFSA
- ❖ If you have already submitted the FAFSA you can log into www.fafsa.gov and submit a correction to include your parent's information.
- ❖ Obtain all **2015 IRS Federal Tax Return Transcripts** for students, (spouse if applicable) and parent(s). An IRS Federal Tax Transcript can be obtained by visiting www.irs.gov or calling 800-908-9946.
- ❖ Collect and submit any other required documentation, such as W-2 forms.
- ❖ Submit all information to the Student Financial Aid Office at the College of Podiatric Medicine:

Kathy Wright – Financial Aid Coordinator
Kent State University College of Podiatric Medicine
6000 Rockside Woods Blvd.
Independence, OH 44131

OR

FAX: (216)-916-7382 SCAN: kwright32@kent.edu

If you would like additional information please contact the Kent State University College of Podiatric Medicine's Financial Aid Office at 216-916-7490 or you can email Kwright32@kent.edu.



APPLICATION FOR DISADVANTAGE LOAN PROGRAMS

HPSL – HEALTH PROFESSIONS STUDENT LOAN

LDS – LOANS FOR DISADVANTAGE STUDENTS

Student Name: _____ Student I. D. Number: _____

Permanent Address: _____ Phone Number: _____
Street Address _____ City _____ State _____ Zip _____

Checklist:

- Complete the 2017-2018 Free Application for Federal Student Aid (FAFSA) with parent information. If you have already submitted this form without parent information, please log into www.FAFSA.GOV and submit a correction to include your parents' information using the date retrieval tool.
- Complete all sections of the application and **sign**.
- Obtain and attach all **2015 Federal Tax Return Transcripts** for the student, their spouse (if applicable) and your parent(s). If the student, their spouse, or parent(s) did not file a 2015 Federal Tax Return, you must provide an IRS Non-Filing Letter for that individual. An IRS Federal Tax Return Transcript or Non-Filing Letter can be obtained by visiting www.irs.gov or by calling 1-800-908-9946.
- Collect and submit any other required documentation, such as W-2 forms.
- Submit all information to the Student Financial Aid Office at the College of Podiatric Medicine

SECTION 1: HOUSEHOLD INFORMATION

List the people in the student's household. Include: the student; your spouse; your children if you will provide more than half their support between July 1, 2017 – June 30, 2018; and any other people that now live with you and you will continue to provide more than half their support through June 30, 2018.

Student's Household Member's Name	Date of Birth	Relationship to Student	Name of college they will attend during 2015-2015 (if applicable)

List the people in your parents' household. Include: your parents/stepparent on your FAFSA form; their children if they will provide more than half of their support through June 30, 2018; and any other people that live with them, if they will provide more than half of their support through June 30, 2018. Please contact the Student Financial Aid Office if you have questions regarding which parents / stepparents should be included on this form.

Parent(s) / Stepparent	Date of Birth	Social Security Number	Month and Year Married
Parent(s)Household Member's Name	Date of Birth	Relationship to Parent	Name of college they will attend during 2017-2018 (if applicable)

SECTION 2: TAX FILING STATUS

Student & Spouse Filing Status (choose one):

I did not work in 2015. I did not and will not file a 2015 federal tax return. If married, my spouse did not and will not file a 2015 federal tax return.

You must submit the following:

1. IRS Non-Filing Letter for the student (and your spouse, if married)

I am not married. I completed a 2015 federal tax return.

You must submit the following:

1. A copy of your 2015 Federal IRS Tax Return Transcript.

I am married. We filed a joint 2015 federal tax return or separate tax returns.

You must submit the following:

1. A copy of your 2015 Federal IRS Tax Return Transcript.

I am married. I did not work in 2015 or I worked in 2015, but I am not required to file a 2015 federal tax return.

You must submit the following

1. IRS Non-Filing Letter for the student
2. Copies of the student's 2015 W-2 forms from all employers, if you worked
3. A list of all employers and the amount you earned from each in 2015
4. Copy of your spouse's 2015 Federal IRS Tax Return Transcript

Parent(s) Filing Status (choose one):

The parents/stepparent on my FAFSA completed a 2015 federal income tax return

You must submit the following:

1. A copy of their 2015 Federal IRS Tax Return Transcript

The parents/stepparent on the FAFSA worked in 2015, but were not required to file a 2015 federal tax return.

You must submit the following:

1. IRS Non-Filing Letter for each parent/stepparent on the FAFSA
2. Copies of 2015 W-2 forms from all employers for each parent/stepparent on the FAFSA
3. A list of all employers and the amount each parent/stepparent earned in 2015
4. Written explanation, signed by a parent, of how they financially met their basic living expenses

No parents/stepparent on the FAFSA worked in 2015. They did not and will not file a 2015 federal tax return.

You must submit the following:

1. IRS Non-Filing Letter for each parent/stepparent on the FAFSA
2. Written explanation, signed by a parent, of how they financially met their basic living expenses

SECTION 3: UNTAXED INCOME INFORMATION

Student/Spouse	Untaxed Income Information For Calendar Year 2015 Found On 2015 Federal Income Tax Return	Parent(s) or Stepparent
\$ _____ <input type="checkbox"/> Rollover	Untaxed portions of IRA Distributions reported on 2015 Federal tax return (Line 15a-15b on 1040, or Line 11a-11b on 1040a). Please check box if this was a rollover. If this was a rollover please mark box provided.	\$ _____ <input type="checkbox"/> Rollover
\$ _____ <input type="checkbox"/> Rollover	Untaxed portions of Pension & Annuities reported on 2015 Federal tax return (Line 16a-16b on 1040, or Line 12a-12b on 1040b) Please check box if this was a rollover. If this was a rollover please mark box provided.	\$ _____ <input type="checkbox"/> Rollover

SECTION 4: PARENT ASSETS

What is your parents' total current balance of cash, savings, and checking accounts: \$ _____

What is the net worth of your parents' current investments: \$ _____

Investments include real estate (do not include the home they live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc. Include the value of all college savings plans (529 and pre-paid tuition credit programs) owned by the parent or the student. Do not include the value of life insurance policies, retirement plans, pension plans, annuities, non-educational IRA's, Keogh plans etc. The value of education IRA's must be included.

If your parent(s) own their own business, what is the net worth of that business: \$ _____

Include land, buildings, machinery, equipment, inventory, etc.

Circle One

Is the business owned and controlled by the student's parent(s)?

Yes

No

Does the business employ less than 100 full-time employees?

Yes

No

What is the net worth of your parents' investment farm: \$ _____

Don't include a farm that you live on and operate

SECTION 5: SIGNATURES

This form must be signed by the student and spouse (if married), and at least one parent.

By signing this application, you hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of your knowledge. If asked by an authorized official, you agree to provide additional proof of information provided on this form. You understand that the Student Financial Aid Office at Kent State University will correct the FAFSA application, as necessary, based on the information submitted. You agree that you understand that if you received federal student aid based on incorrect information, you will need to repay it. You may also be required to pay fines and fees. By signing below, you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

Student Signature _____ Date _____

Student's Spouse Signature (if applicable) _____ Date _____

Parent/Stepparent Signature _____ Date _____

STUDENT FINANCIAL AID OFFICE – COLLEGE OF PODIATRIC MEDICINE

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