

WESTMORELAND COUNTY MEDICAL SOCIETY

Application for the WCMS-William S. Keck, M.D. Medical Education Loan Fund

Eligibility Requirements — Complete this questionnaire before proceeding!

1. Are you a U.S. citizen? yes no
2. Have you ever been a resident of Westmoreland County? yes no
3. Are you accepted/enrolled full time in an accredited medical/osteopathic school? yes no
4. Do you have a good credit history without evidence of default on any loans? yes no

If you answered "yes" to ALL the aforementioned questions, you may proceed and complete the loan application..

Instructions

- Please complete this application by typing or printing clearly using a dark ink.
- Application materials must be postmarked by May 15 of the current year.
- In addition to this application, forward the following items in support of your application to the Westmoreland County Medical Society, 231 South Main Street, Ste 207, Greensburg, PA 15601

1. Two reference letters (personal and academic).
2. A letter of verification of your enrollment status from your medical school.

Student Information

New Application

Renewal Application

Your title (optional) Circle one. Mr Miss Mrs Other _____

Your name: _____
First name Middle name Last name

Your Social Security number: _____

Your current mailing address: _____

Your residence address: _____

Your residence address telephone # (including area code): _____

Your e-mail address: _____

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Financial Information — Indebtedness

Your Educational Indebtedness:

Undergraduate school \$ _____
Graduate school \$ _____
Medical / Osteopathic school (amount to date) \$ _____
Other (specify) _____ \$ _____

TOTAL EDUCATIONAL INDEBTEDNESS \$ _____

You and Your Spouse's (if married) Indebtedness (total amount incurred):

Automobile loan(s) or lease(s) \$ _____
Credit Cards \$ _____
Mortgage \$ _____
Home equity & personal loan(s) \$ _____
Other indebtedness (specify) \$ _____

TOTAL INDEBTEDNESS \$ _____

Financial Information — Sources of Income

2009 Income Earned from Work / Yearly gross total (You) \$ _____

2009 Income Earned from Work / Yearly gross total (Spouse) \$ _____

Financial Assistance received from your parents, relatives, etc. for 2009 \$ _____

Will you receive any other source of income not identified above?

If yes, specify _____ \$ _____

Have you filed State and Federal Income tax returns within the past 3 years and if so, which years?

Are any returns being audited? _____ Are any tax obligations past due? _____

Will there be any significant changes in the amounts above during the 2010-2011 academic year?

If yes, explain _____

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Parental/ Spouse Questionnaire

Student's father, stepfather or guardian:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

Student's mother, stepmother or guardian:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

Divorced / Separated Parents:
Other parent's name _____
Address _____
Telephone _____
Occupation _____
Date of divorce or separation _____

Student's spouse:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

The name of the parent last claiming you as a tax dependent _____ Year? _____

Do your parents contribute financially to your education? If yes, the amount they paid in 2008?
\$ _____

Will your parents/spouse co-sign for this medical student loan? yes no

Loan Amount

Amount of loan for which application is made? \$ _____

Student's Certification and Authorization

I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. Any willful misrepresentation on this application could and will result in criminal and/or civil action. Failure to answer any question or to satisfactorily explain why an answer cannot be provided shall be considered failure to complete the application which will result in the application not being processed. The making and submission of this application does not in any way guarantee that a loan will or can be granted and the submission of this application does not contractually bind in any way whatsoever, legally or equitably, the Westmoreland County Medical Society to actually make a loan. I grant the Westmoreland County Medical Society or its duly authorized representative the authority to verify any of the information and authorize the school that I am attending to release to the WCMS my grades and any other data requested to meet its requirement guidelines. If the loan is approved, the check will be made payable to both you and your medical school.

Date _____ Applicant's Signature _____

Application and supporting documents must be postmarked by May 15 of the current year

All applicants will be notified by July 1 of the current year