

Qualified Loan Form

MINNESOTA STATE LOAN REPAYMENT PROGRAM

Please list the educational loans that you would like to make eligible for the Minnesota State Loan Repayment Program. If necessary, please list additional loans on a separate sheet of paper. **You must attach a copy of a loan statement verifying this information.**

Use tab key (do not use enter key) to navigate through the form to fill in your information.

Loan Servicer/Bank	Loan Balance	Account #	Loan Period
TOTAL LOAN BALANCE OF <u>ALL</u> SERVICER(S):			

Loan Servicer/Bank: Name of loan servicer. Qualified eligible loans are any government or commercial loans for actual costs paid for tuition, reasonable education and living expenses related to graduate or undergraduate education. Personal, foundation and loans not specified as education loans are not eligible.

I declare that all information provided herein is true and complete to the best of my knowledge. The documents requested are necessary and required by the Office of Rural Health and Primary Care for purposes of the loan repayment program.

Name (First, Middle, Last):

Date (m/d/yyyy):

Please return to Mail: Minnesota Department of Health, Office of Rural Health and Primary Care
Attn: Loan Forgiveness Program Administrator
P.O. Box 64882 St. Paul, MN 55164-0882
Or by Fax (651) 201-3830

For questions, please call (651) 201-3870 or (800) 366-5424.