



# Tennessee Rural Health Loan Forgiveness Program

## 2008-2009 Eligibility Requirements and Terms of Agreement

### Program Summary

The Tennessee Rural Health Loan Forgiveness Program is established as part of the system of lottery-funded scholarships and is administered by the Tennessee Student Assistance Corporation. The purpose of this five (5) year pilot program is to provide financial assistance to health care providers and dentists in order to locate and practice in Tennessee health resource shortage areas after becoming licensed to practice. Recipients must agree to maintain satisfactory progress in the program of study, complete the medical or dental program within the allocated five (5) years and practice medicine or dentistry in a health resource shortage area after becoming a Tennessee licensed physician, osteopathic physician, physician assistant, dentist, or after receiving a Tennessee certificate of fitness as a nurse practitioner one (1) year for each year of funding provided by a Tennessee Rural Health Loan Forgiveness award.

### Eligibility Requirements

To be eligible for the Tennessee Rural Health Loan Forgiveness Program, an applicant must:

- Be a citizen of Tennessee; and
- Be a resident of Tennessee for one (1) year immediately preceding the date of application; and
- Not be in default on a federal Title IV educational loan or Tennessee educational loan; and
- Not owe a refund on a federal Title IV student financial aid program or a Tennessee student financial aid program; and
- Be in compliance with federal drug-free rules and laws for receiving financial assistance; and
- Comply with US Selective Service requirements, if applicable; and
- Not be incarcerated.
- Make application for a Tennessee Rural Health Loan Forgiveness Program each academic year by September 1st; and
- Be admitted to, and enroll in, an eligible postsecondary institution as a full time student; and
- Agree to practice medicine in a health resource shortage area after becoming a Tennessee licensed physician, osteopathic physician, or physician assistant or receiving a Tennessee certificate of fitness as a nurse practitioner, or practice dentistry one (1) year for each year of funding provided by a Tennessee Rural Health Scholarship; and
- Not accept any other financial assistance that carries with it a service obligation after graduation and receipt of the applicable license to practice medicine or dentistry, except for a service obligation in the United States armed forces reserve or national guard; and
- Sign a promissory note each year the scholarship is awarded that stipulates the cash repayment obligation incurred if the medical or dental service is not fulfilled.

### Continuation Requirements

To maintain eligibility for the Tennessee Rural Health Loan Forgiveness Program:

- Re-apply each academic year to the Tennessee Rural Health Loan Forgiveness Program;
- Maintain satisfactory progress in the program of study in which the student is enrolled;
- Complete the program of study within five (5) years beginning with the fall 2008 semester and ending spring 2013 semester; and
- No student shall be awarded if the program of study cannot be completed by the end of the fifth year of the pilot program

### Award Amounts

Subject to the amounts appropriated by the general assembly and any provision of law relating to a shortfall in funds available for financial assistance, a Tennessee Rural Health Loan Forgiveness Program awarded shall be twelve thousand dollars (\$12,000) per year, or the cost of tuition, mandatory fees, books, and equipment for the program of study; whichever is less. Nor more than twenty-five (25) students will be awarded.

M.D. and D.O. programs will have a combined ten (10) awards per academic year and the other programs of study will receive an equal number of awards. In the event an insufficient number of applications for a particular program of study, those awards will be made to the greatest shortage area according to the Department of Health, Office of Rural Health.

### Loan Requirements

Sign a promissory note each year of funding that stipulates the cash repayment obligation if service is not fulfilled. The recipient agrees to practice medicine in a health resource shortage area after becoming a Tennessee licensed physician, osteopathic physician, or physician assistant or receiving a Tennessee certificate of fitness as a nurse practitioner, or practice dentistry one (1) year for each year of funding provided by a Tennessee Rural Health Scholarship. To the extent that such obligation is not met, the award becomes a loan and the recipient must repay the amount advanced, plus interest at 9% per annum. The recipient understands that any action against their licensure that would prevent them from obtaining or retaining their license would require them to repay the amount advanced, plus interest. The recipient shall not be required to fulfill the service obligation or make any repayment during any period of training required for licensing, including, but not limited to internship or residency, or during active duty in the United States armed forces or mobilization as a member of the reserve components, but such period shall not exceed six (6) years.

## **Eligible Postsecondary Institutions**

### **Medical Education Programs**

East Tennessee State University  
Meharry Medical College  
University of Tennessee, Memphis  
Vanderbilt University

### **Dental Accreditation Programs**

Meharry Medical College  
University of Tennessee, Memphis

### **Physician Assistant Programs**

Bethel College (provisional)\*  
South College (provisional)\*  
Trevecca Nazarene University

### **Osteopathic Physician Programs**

Lincoln Memorial University (provisional)\*

### **Masters Nursing Degree Programs**

Austin Peay State University  
Belmont University  
Carson-Newman College  
East Tennessee State University  
King College  
Lincoln Memorial University  
Middle Tennessee State University  
Southern Adventist University  
Tennessee State University  
Tennessee Technological University  
Union University  
University of Memphis  
University of Tennessee, Chattanooga  
University of Tennessee, Knoxville  
University of Tennessee, Memphis  
Vanderbilt University

\*Provisional Accreditation is the status of accreditation granted for a limited, defined period of time to a new program that, at the time of the site visit, has demonstrated its preparedness to initiate a program in accordance with the *Standards*.



STATE OF TENNESSEE  
**TENNESSEE STUDENT ASSISTANCE CORPORATION**  
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 (615)741-1346 • 1-800-342-1663 • FAX (615)741-6101  
 www.CollegePaysTN.com

## Tennessee Rural Health Loan Forgiveness Program

**Type or print clearly in ink.** The applicant must meet the Eligibility Requirements and Terms of Agreement as defined in this document.

1. Applicant's Last Name		First Name		M.I.
2. Permanent Address (Number, Street and Apt. # - if applicable)			3. Social Security Number	
City	State	Zip Code	4. County	5. Date of Birth / /
6. Home Phone Number ( )	7. Gender M or F	8. Resident of TN? Y N	9. TN Residency Date / /	
10. E-mail Address				
11. Race (circle one) White American Indian/Alaskan Native Asian/Pacific Islander Other		Black Hispanic	12. Citizenship Status (circle one) US Citizen Permanent Resident Non-Citizen Registered Alien – A _____	
13. Driver's License State	14. License Number	15. Now incarcerated? Y N		
16. Default on Federal Educational Loan or in an overpayment status on any other Federal Program? Y N		17. Compliant with Federal Drug-Free Rules and Law? (being compliant means no felony possession of or selling illegal drug charges while receiving Federal Student Aid) Y N		
18. Complied with Selective Service? Y N		19. Have you signed a promissory note? Y N		
20. Nursing: ____ GRE Score ____ Overall GPA		21. Medical, PA, & Osteopathic: ____ MCAT Score ____ Overall GPA ____ Upper Division Lab GPA		22. Dentist: ____ DAT Score ____ Overall GPA ____ Upper Division Lab GPA
23. Program of Study		24. Program of study completed by spring 2013? Y N		
25. Name of College or University & Completion Date:				
Expected Completion Date: / /				

26. REFERENCE I:			27. REFERENCE II:		
Last Name	First Name	MI	Last Name	First Name	MI
Relationship to Applicant (circle one) Father                  Mother                  Guardian Spouse                  Friend                  Other			Relationship to Applicant (circle one) Father                  Mother                  Guardian Spouse                  Friend                  Other		
Address (Number, Street and Apt. # - if applicable)			Address (Number, Street and Apt. # - if applicable)		
City	State	Zip Code	City	State	Zip Code
Home Phone Number (    )	Work Phone Number (    )		Home Phone Number (    )	Work Phone Number (    )	
Employer Name			Employer Name		
Employer Address (Number and Street Name)			Employer Address (Number and Street Name)		
City	State	Zip Code	City	State	Zip Code
Work Phone Number (    )			Work Phone Number (    )		
<b>Please Read the Certification and Authorization Statement and Sign Below.</b>					
<p>I, hereby, certify to the Tennessee Student Assistance Corporation that I have carefully read the “2008-2009 Eligibility Requirements and Terms of Agreement”. I certify that I have read this application and assure the information I have provided is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I authorize the educational institution to release or exchange to the Tennessee Student Assistance Corporation or its agents, any information requested by such person and further agree that such information exchange may include financial, enrollment, and academic status, and location information to properly administer the Tennessee Rural Health Loan Forgiveness Program offered by the state. I affirm that any funds obtained in this program will be used solely for educational expenses related to the programs of study as provided in the 2008-2009 Eligibility Requirements and Terms of Agreement. I agree to notify the Tennessee Student Assistance Corporation of any change in my status including, but not limited to, my name, permanent address, and postsecondary institution attendance. I agree to practice medicine or dentistry in a health resource shortage area for one (1) year for each year of funding that was received by this program. <b>For more information on health resource shortage areas, please contact the Department of Health, Office of Rural Health at (615) 741-0417 or <a href="http://health.state.tn.us/rural/index.html">http://health.state.tn.us/rural/index.html</a>.</b> I understand that I will be required to read, agree to the terms of this program, and sign a promissory note prior to the processing of awards by the Tennessee Student Assistance Corporation.</p>					
_____			_____		
Applicant's Signature			Date		