

**University of Arkansas for Medical Sciences
Pharmacy-Health Professions Student Loan Interest Form
2025-26 HPSL Application**

PLEASE COMPLETE AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE, 4301 WEST MARKHAM #864, LITTLE ROCK AR 72205 OR EMAIL TO FINANCIALAID@UAMS.EDU OR Fax 501-686-8002. Priority Deadline: P4-April 1st; P1-P3 August 1st. Interest forms are accepted and encouraged throughout the academic year.

The Health Professions Student Loan (HPSL) is a low-interest federal loan. It is a need-based award available to eligible pharmacy students to help pay for their cost of education. HPSL is made possible by the U.S. Department of Health and Human Services (not the Department of Education) and the University of Arkansas for Medical Sciences is responsible for administering the loan program. Students repay the loan directly to UAMS via our loan servicer, ECSI.

ADVANTAGES OF THE HEALTH PROFESSIONS STUDENT LOAN

- 5% fixed interest rate
- No loan origination fee.
- 12-month grace period after the student ceases attendance on a full-time basis.
- No interest accrues until you graduate or drop below full-time enrollment.
- HPSL may be consolidated with Federal Direct Loans for repayment purposes.

Eligibility for Health Professions Student Loans

A student's HPSL eligibility is determined by the Financial Aid Office and is based on information provided in the *Free Application for Federal Student Aid* (FAFSA).

Some of the required criteria is as follows:

- Parent income and asset information reported on the HPSL Application, even if a student is an **independent student**. Although all graduate students are considered independent according to the need analysis formula in Title IV of the Higher Education Act, institutions still must take parents' information into account for the purpose of awarding HPSL funds. **This requirement cannot be waived.** In cases where the parents refuse to provide income information, an affidavit documenting such a refusal cannot be accepted in lieu of the required information. Unless the parents are deceased, a student who does not provide parental income information may not be considered for HPSL funds.
- Enrollment as a full-time student in the pharmacy school
- U.S. citizenship, permanent residency, or eligible noncitizen status
- Satisfactory Academic Progress (as determined by the Office of Financial Aid)
- No unresolved defaults or overpayments owed on Title IV educational loans and grant
- Both eligibility and loan awards are determined each academic year. Students may reapply annually.

Pharmacy HPSL Application Instructions:

Your application will not be processed until all documents requested below have been received. Please read the below requirements carefully.

- Submit your 2025-2026 Free Application for Federal Student Aid (FAFSA) on www.fafsa.ed.gov. Only U.S. Citizens, permanent residents, or eligible non-citizens may apply.

Parent information required:

- Provide a copy of your parents' (both) 2023 federal tax return and assets
Note: can be parent and stepparent or one for each parent.
- If one or both parents are deceased, attach a copy of their death certificate(s)
- (Parent) Annual child support received for the last complete calendar year \$ _____
- (Parents) Cash, savings, and checking accounts \$ _____
- (Parents) Net worth of current investments \$ _____
 - Includes: time deposits, money market funds, real estate (excluding primary residence), vacation homes, income producing property, trusts, stocks, bonds, derivatives, securities, mutual funds, tax shelters, and qualified education benefits
- Signed/dated statement from parents regarding the above required parent information is reported correctly.

Please sign below if you wish to be considered for the HPSL Pharmacy Student Loan.

This form is not an official promissory note but will be used by our office to identify students who wish to be considered for the HPSL-Pharmacy. Funds are awarded based on availability and student eligibility. If you are awarded funds, you will receive a notification along with instructions to sign the master promissory note.

Student Name: _____

UAMS Student ID: _____

Date: _____

Anticipated Level for 2025-26 academic year (circle one): P1 P2 P3 P4