

**University of Arkansas for Medical Sciences
Loan for Disadvantaged Students Interest Form
2026-27 Application for College of Medicine Students**

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: May 1st. Interest forms are accepted and encouraged throughout the academic year.

The LDS program was established to minimize barriers and enhance access to health professions education.

An individual from a disadvantaged background for the LDS is defined as someone who:

- comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a school; or
- comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for adaptation to this program.

ADVANTAGES OF THE LDS LOAN

- 5% Fixed Interest Rate
- No loan origination fees.
- 12-month grace period
- No interest accrues during full-time enrollment in medical school.

CONDITIONS OF THE LDS LOAN

The Loan for Disadvantaged Students program provides long-term, low-interest rate loans to full-time, financially needy college of medicine students from disadvantaged backgrounds.

- A student applicant must be a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific. A student who remains in this country on a student or visitor's visa is not eligible
- Student must be from a disadvantaged background as defined by the U.S. Department of Health and Human Services (See definition above.)
- Student must be enrolled as a full-time student in the College of Medicine

The purpose of this form is to assist the Financial Aid Office with identifying students who are interested in receiving the LDS Loan. Your FAFSA, your parents' federal tax return and asset information will determine if you are eligible for consideration. Funds are extremely limited and awarded to eligible students if funding is available. If you have questions regarding the LDS, please contact our office at (501) 686-8453.

LDS Application Instructions:

Your application will not be processed until all required documents are received. Please read the below requirements carefully.

- **Submit a 2026-2027 Free Application for Federal Student Aid (FAFSA) on www.studentaid.gov.** Only U.S. Citizens, permanent residents, or eligible non-citizens may apply.
- **Provide a signed copy of your parents' 2024 federal tax return.**
- Parents' income and asset information is required for the LDS, 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 LDS 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 LDS funds.
 - If one or both of your parent(s) are deceased, you will need to submit copies of the death certificate(s).

Please sign below if you wish to be considered for the LDS 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 LDS. 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 Workday Student ID: _____

Date: _____

Anticipated Level for 2026-27 academic year (circle one): M1 M2 M3 M4

University of Arkansas for Medical Sciences

Loans for Disadvantaged Students (LDS)

Priority date: May 1st (applications are encouraged and can be submitted throughout the academic year.)

APPLICANT INFORMATION—PLEASE PRINT	Workday STUDENT ID:	2026-27 AY: M1 M2 M3 M4
Last Name:	First Name:	MI:
Street Address:	Apartment#:	
City:	State:	Zip:
Phone:	E-mail Address:	

ELIGIBILITY CRITERIA—You <u>MUST</u> provide supporting documentation if you answer “yes” to any of the below questions.
1. Does your parents’ annual income fall below a level based on poverty guidelines according to family size published by the U.S. Census Bureau? To answer this question, please refer to www.census.gov . Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do your parents’ receive public assistance (Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and/or public housing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a first-generation college student? (Only answer yes if neither of your parents went to college) Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you graduate from a high school that has on average low ACT/SAT scores? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you graduate from a high school that had a low percentage of seniors receiving a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Did you graduate from a high school that had a low percentage of graduates who go to college during the first year after graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you graduate from a high school with low per capita funding? Yes <input type="checkbox"/> No <input type="checkbox"/>

HAVE YOU SUBMITTED THE FOLLOWING? ALL OF THE BELOW MUST BE SUBMITTED TO BE CONSIDERED.
The Free Application for Federal Student Aid (FAFSA) Yes <input type="checkbox"/> No <input type="checkbox"/>
The Loans for Disadvantaged Students (LDS) Interest Form. Yes <input type="checkbox"/> No <input type="checkbox"/>
Your parents’ 2024 federal tax return(s) or if deceased, a copy of their death certificate. Yes <input type="checkbox"/> No <input type="checkbox"/>
Your parents’ asset information and statement. Yes <input type="checkbox"/> No <input type="checkbox"/>

My signature below certifies that the information reported is complete and correct.

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Student Signature: _____

Date: _____