



FINANCIAL AID SERVICES

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2022-2023 HEALTH PROFESSIONS STUDENT LOAN (HPSL) APPLICATION

The Health Professions Student Loan (HPSL) is a low-interest, long-term federal loan administered by the Department of Health and Human Services (not the Department of Education). It is a need-based award available to students enrolled in eligible health profession majors. **HHS requires that parent income and assets information be reported on the FAFSA for all students, including independent students and graduate students. 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 will not be eligible for HPSL funds.

Loan Terms: The interest rate on the HPSL is 5%. The borrower will not be responsible for any interest until the start of the repayment period. Repayment begins 12 months after program completion or termination of full-time enrollment. The amount awarded will be determined by fund availability and number of qualified applicants.

To Apply:

- Submit the 2022-2023 FAFSA online. Regardless of age or marital status, you must provide parental income and asset information on your FAFSA to be considered for HPSL.
- Submit this HPSL Application to the ULM Financial Aid Office, including signed copies of your (and your spouse’s, if applicable) 2020 Federal Income Tax Returns AND signed copies of your parent(s)’ 2020 Federal Income Tax Returns.

All applicants MUST provide parent information on the FAFSA.

Incomplete applications will not be considered. Applicants are not necessarily notified of incomplete application status.

STUDENT: _____ **CWID:** _____ **PHONE:** _____

STEP ONE – Student Household Information

List all people that you (and your spouse, if applicable) will support between July 1, 2022 and June 30, 2023. Include yourself, your spouse, and your dependent children (if you provide at least 50% of their financial support). The only other people you may include are those that live with you and receive at least 50% of your financial support. *Attach additional sheet if necessary.*

Full Name	Age	Relationship to you	Name of College/Degree Program (enrolled at least half-time during 2022-2023)
		Self	ULM/ _____

STEP TWO – Student Income & Asset Information

I used the IRS Data Retrieval Tool on the FAFSA to import my (and my spouse’s, if applicable) income data.

I am attaching my (and my spouse’s, if applicable) signed 2020 Federal Income Tax Returns.

I am not required to file a 2020 Federal Income Tax Return. My 2020 earnings were: \$ _____.

Cash/Savings/Checking balances \$ _____

Net worth of investments \$ _____

Net worth of business \$ _____

STEP THREE – Parent Household Information

List all people that your parent(s) (and/or stepparent(s), if applicable) will support between July 1, 2022 and June 30, 2023. Include your parent, their spouse, and their dependent children (if they provide at least 50% of the child’s financial support).

Full Name	Age	Relationship to you	Name of College/Degree Program (enrolled at least half-time during 2022-2023)
<i>Attach additional sheet if necessary</i>			

STEP FOUR – Parent Income & Asset Information

My parent(s) used the IRS Data Retrieval Tool on the FAFSA to import income data.

I am attaching my parent(s)’ signed 2020 Federal Income Tax Returns.

My parent(s) were not required to file a 2020 Federal Income Tax Return. Their 2020 earnings were:
\$_____.

Cash/Savings/Checking balances \$ _____

Net worth of investments \$ _____

Net worth of business \$ _____

Check here if parent(s) are deceased, and submit copies of death certificate(s) with application.

Note: If corrections to your FAFSA are necessary, the ULM Financial Aid Office will electronically send the corrections to the federal processor, who will then send you an updated 2022-2023 Student Aid Report (SAR) for your records.

STEP FIVE – CERTIFICATION AND SIGNATURE

By signing this worksheet, I/we certify that all the information provided on this form and any accompanying documentation is complete and correct to the best of my/our knowledge. I/We understand that purposely giving false or misleading information will result in forfeiture of HPSL eligibility, and may be subject to a \$20,000 fine, imprisonment, or both.

Student Signature

Date

Parent Signature

Date

OFFICE USE ONLY

- Stu info complete
 - Par info complete
 - Death certificates?
 - FAFSA corrections complete?
- Approved Denied Initials: _____ Date: _____

Additional Notes: