



Physicians Caring for Texans

TEXAS MEDICAL ASSOCIATION LOANS FOR MEDICAL STUDENTS AT TEXAS MEDICAL SCHOOLS

HOW TO APPLY

Students may apply through the Student Financial Aid Office. Students must complete and submit the following:

- The recommendation of the financial aid office/verification of enrollment
- A completed application and signed promissory note
- A completed and signed Self-Certification Form
- A meeting with a TMA Trustee for the original loan to discuss organized medicine (TMA will contact you regarding this after the paperwork is received.)

INTEREST RATE: 4.4%

PRIMARY LOAN FUND:

For UT System Schools:

Dr. S. E. Thompson Scholarship Fund

- A student may borrow up to a maximum of \$4,000.

For non-UT System Schools (Texas only):

Dr. May Owen Trust Scholarship Fund

- A student may borrow up to a maximum of \$4,000.

REPAYMENT TERMS

- **An annual interest payment is due while in school and for four years after graduation during the month when the loan was disbursed.**
- Principal repayment begins four years after graduation from medical school. Equal monthly payments will be made for 48 months.
- Loans may be repaid in full at any time without pre -payment penalty.
- If the borrower discontinues the study of medicine, the loan becomes payable **immediately**.
- Please consult the promissory note for other terms of this loan.

RETURN PAPERWORK TO:

Texas Medical Association
Educational Loans Department
401 W. 15th St.
Austin, TX 78701

*For more information, please contact the TMA Educational Loans Department at
(800) 880-2828 or review our website at www.tmaloanfunds.com.*



401 W. 15th St.
Austin, TX 78701
(800) 880-2828

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Loan Interest Rate & Fees

Your interest rate is fixed at:

4.40%

Your Starting Interest Rate (upon approval)

The interest rate you pay will be 4.40%.
This rate has been determined by governing documents of various TMA student loan funds.

Your Interest Rate during the life of the loan

Your rate is fixed during the life of the loan at 4.40%.

Loan Fees

Not applicable.

Loan Cost Examples

The total amount you will pay for this loan will vary depending upon when you start to repay it. This example provides estimates based upon two repayment options available to you while enrolled in school. Also, example five provides the repayment schedule for TMA's Resident Loan Program.

In-School Repayment Options	Sample Loan Amount	Interest Rate (Fixed)	Sample Loan Term	Sample Total Paid
1. Sam E. Thompson Scholarship Loan Program Loan received at beginning of third year	\$3,000	4.40%	10 years	\$4,040
2. Sam E. Thompson Scholarship Loan Program Loan received at beginning of fourth year	\$3,000	4.40%	9 years	\$3,908
3. May Owen Trust Scholarship Loan Program Loan received at beginning of third year	\$4,000	4.40%	10 years	\$5,386
4. May Owen Trust Scholarship Loan Program Loan received at beginning of fourth year	\$4,000	4.40%	9 years	\$5,210
5. Resident Loan Program	\$3,000	4.40%	5 years	\$3,483

See reference notes on next page for more information about this example.

Federal Loan Alternatives

Federal Loan Programs*	Current Interest Rates (for loans with a first disbursement between July 1, 2015, and June 30, 2016)
PERKINS for Students	5.0% fixed
STAFFORD for Students	5.84% fixed Graduate Unsubsidized
PLUS for Parents and Graduate/ Professional Students	6.84% fixed

You may qualify for Federal education loans. For additional information, **contact our school's financial aid office or the Department of Education at:** StudentAid.gov

*Please note that fees may apply to these Federal loans.

Next Steps

1. Find Out More About Other Loan Options.

Some schools have school-specific student loan benefits and terms not detailed on this form. Contact your school's financial aid office or visit the Department of Education's web site at federalstudentaid.ed.gov for more information about other loans.

2. To Apply for a TMA Student Loan, Complete the Application and the Self-Certification Form.

The certification form is attached or can be obtained from your school's financial aid office. If you are approved for this loan, the loan terms will be available for 30 days (terms will not change during this period, except as permitted by law).

Reference Notes

Eligibility Criteria

STUDENT LOAN PROGRAM

Interest is due on the anniversary date of the loan.

Repayment of the principal portion of the loan begins four years after graduation.

Equal monthly payments will be made for four years.

Loans may be repaid in full at any time prior to maximal tenure without penalty.

The note will become due if the student should discontinue the study of medicine.

An interview will be required with a Trustee of the Texas Medical Association.

RESIDENT PHYSICIAN LOAN PROGRAM

Loans are available to physicians in any year of postgraduate training.

A resident physician may borrow up to a maximum of \$3,000.

The residency must be in an accredited program within the state of Texas.

Note: If an individual received a TMA loan from the Dr. S.E. Thompson Scholarship Fund while in medical school, that amount will be included in the maximum available.

More information about loan eligibility is available in your loan application, promissory note, and online at www.TMALoanFunds.com.

Bankruptcy Limitations

- If you file for bankruptcy you may still be required to pay back this loan.



Educational Loans

Physicians Caring for Texans

Loan Application

Loan Fund: _____

School: _____

New applicant Renewal

Please complete all blanks. If not applicable, indicate with N/A.

Personal

Name _____
Last First MI or Maiden

Current Address _____
Street

City State Zip

Permanent Address _____
Street

City State Zip

Home Phone # _____ Cell Phone # _____

E-mail _____

Place of Birth _____ Date of Birth _____

Of what **country** are you a citizen _____ If not U.S., what is your visa classification? _____

Of what **county** and **state** are you a resident? _____

How long a resident of that state? _____

Marital Status: Single Married Divorced Separated

Anticipated graduation date from medical school? _____

Have you chosen a specialty or field of practice yet? _____

Classification

First Year Third Year
 Second Year Fourth Year

Sex

Female Male

Social Security Number _____

Family

Name of spouse _____ Occupation _____

Address _____
Street City State Zip

Father (or male guardian) _____ Occupation _____

Address _____
Street City State Zip

Mother (or female guardian) _____ Occupation _____

Address _____
Street City State Zip

Who is the head of your household; that is, who claims you as a dependent for tax purposes?

Self Father Mother Spouse Other

List below those who receive support from the head of household." Give **their relationship to you**, their age, place of employment or school:

Name	Relationship	Age	Employment/School

Request

I hereby request a loan in the amount of \$ _____ from the TMA Student Loan Funds. I certify that the information submitted herein is true and correct to the best of my knowledge.

Signature of Borrower _____

Date _____



Educational Loans
Physicians Caring for Texans

Student Promissory Note

Texas Medical Association
Student Loan Program

401 WEST 15th STREET AUSTIN, TEXAS 78701-1680

Expected Date of Loan: _____, 20 _____

Expected Date of Graduation: _____, 20 _____

Name of Fund: _____

Amount of Loan: \$ _____

The term "borrower" as used herein shall be construed as singular or plural, masculine, neuter, or feminine as the occasion may require, and includes the heirs, executors, administrators, successors, representatives, receivers, trustees and assigns of those parties.

If any provision of this agreement shall for any reason be held to be invalid or unenforceable, such shall not affect any other provision hereof, but this agreement shall be construed as if such invalid or unenforceable provision had never been contained herein.

REPAYMENT — For value received, the undersigned, hereinafter called "Borrower," whether one or more, promises to pay to the order of Texas Medical Association at the address of the Texas Medical Association, P.O. Box 143026, Austin, Texas, 78714-3026 the sum of \$ _____ with interest thereon from the date of this note until paid at the rate of **4.4%** per annum on the following schedule:

- (1) One year's interest shall be paid on or before the first anniversary of this promissory note and on or before each subsequent anniversary of this note through the fourth such anniversary after the above stated Expected Date of Graduation;
- (2) Beginning in the fifth year after the above stated Expected Date of Graduation (four years after expected graduation), equal monthly payments of principal plus interest will be made for four years.

Borrower agrees that if payments of interest are not made during the period of time when there are no payments which include payment on principal, such unpaid interest balances will be capitalized and the loan will be reamortized prior to monthly repayment of principal and interest. Unless interest payments are made, interest that is charged on Borrower's loan during grace, in-school, deferment, forbearance, and other periods will be added to the principal balance of the loan. Borrower may prepay all or any portion of the indebtedness represented by this note without penalty. If all or any part of the indebtedness is prepaid by cash, a new loan, renewal, or otherwise, such prepayment will be applied first to earned finance charges and then to the balance of principal (Amount Financed). The amount of unearned finance charges will be computed by applying the annual percentage rate to the outstanding principal (Amount Financed) for the period of time that it is actually outstanding.

DISCLOSURE OF LOAN TERMS — SEE ATTACHED SHEET FOR DISCLOSURE OF LOAN TERMS. At or before the time of the first disbursement of each loan a disclosure statement will be provided to Borrower identifying the amount of the loan and additional terms of the loan.

CHANGE OF STATUS — Borrower must notify Texas Medical Association immediately of any change to Borrower's name, address, telephone number, or Social Security number.

LEGAL NOTICES — Any notice required to be given to Borrower will be effective if sent by first-class mail to the most recent address Texas Medical Association has for Borrower, by electronic means to an address Borrower has provided, or by any other method of notification permitted or required by applicable statute and regulation.

DEFAULT AND ACCELERATION — In the event of default in the payment of any installment of interest or of principal and interest on this note when due, or in the event that the Borrower designated as "medical" student discontinues the study of medicine, then the Fund, or other holder hereof, shall have the option, without demand or notice, to declare the unpaid principal and interest of this note at once due and payable.

COLLECTIONS — If this note is placed in the hands of an attorney for collection after maturity or is collected by legal proceedings of any kind, Borrower agrees to pay a reasonable attorney's fee which shall not in any event be less than 10% of the amount of the principal and interest from the date of its accrual at the highest rate permitted by law. All delinquent principal and interest will bear interest from its due date until paid at the highest rate permitted by law. Additionally, Borrower shall if the note is placed within a collection agency agree to pay all of the collection fees of collection agency, which shall be up to 50% of the amount of the principal and interest due, and all costs and expenses, including reasonable attorney fees, the Fund incurs in such collection efforts.

GOVERNING LAW — This Note shall be governed, construed, and enforced in accordance with the laws of the State of Texas, without regard to its conflict of laws rules. Venue shall be Travis County, Texas.

AUTHORIZATION — Borrower authorizes Texas Medical Association and their respective contractors to contact Borrower regarding Borrower's loan request or Borrower's loan(s), including repayment of Borrower's loan(s) at the current or any future number that Borrower provides or is attributable to the Borrower for Borrower's cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice and text messages. In addition, Borrower authorizes use of electronic communications by Texas Medical Association and their contractors.

PROMISE TO PAY — Borrower promises to pay all loan amounts disbursed under the terms of this promissory note, plus interest and other charges and fees that may become due; regardless of whether or not a bill or coupon booklet is received. Borrower understands that by accepting any disbursements issued at any time under this Note, Borrower agrees to repay the loan(s). Borrower hereby acknowledges that this Note with disclosures was complete as to all its provisions and disclosures before it was signed by Borrower and that a completed, signed copy was delivered to Borrower at the time of the signing. Borrower's signature certifies that Borrower has read, understands, and agrees to the terms and conditions of this Note.

TMA LOAN FUNDS ADMINISTRATION PRIVACY STATEMENT

We collect nonpublic personal information about you from the following sources: information we receive from you on applications or other forms; information about your transactions with us, our affiliates, or others; and information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you: Information we receive from you on the application or other forms, such as your name, address, Social Security number, and graduation date. We may disclose the above nonpublic personal information about you to our affiliate the Texas Medical Association and its component medical societies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Borrower (Medical Student)

Signature: _____ Date: _____

Name Typed or Printed: _____

Address: _____

Original - TMA
Yellow copy - Borrower
W000197.6-2014



Private Education Loan Applicant Self-Certification

This space for lender use only

OMB No. 1845-0101
Form Approved
Exp. Date 05-31-2016

Important: Pursuant to Section 155 of the Higher Education Act of 1965, as amended, (HEA) and to satisfy the requirements of Section 128(e)(3) of the Truth in Lending Act, a lender must obtain a self-certification signed by the applicant before disbursing a private education loan. The school is required on request to provide this form or the required information only for students admitted or enrolled at the school. Throughout this Applicant Self-Certification, "you" and "your" refer to the applicant who is applying for the loan. The applicant and the student may be the same person.

Instructions: Before signing, carefully read the entire form, including the definitions and other information on the following page. Submit the signed form to your lender.

SECTION 1: NOTICES TO APPLICANT

- Free or lower-cost Title IV federal, state, or school student financial aid may be available in place of, or in addition to, a private education loan. To apply for Title IV federal grants, loans and work-study, submit a Free Application for Federal Student Aid (FAFSA) available at www.fafsa.ed.gov, or by calling 1-800-4-FED-AID, or from the school's financial aid office.
- A private education loan may reduce eligibility for free or lower-cost federal, state, or school student financial aid.
- You are strongly encouraged to pursue the availability of free or lower-cost financial aid with the school's financial aid office.
- The financial information required to complete this form can be obtained from the school's financial aid office. If the lender has provided this information, you should contact your school's financial aid office to verify this information and to discuss your financing options.

SECTION 2: COST OF ATTENDANCE AND ESTIMATED FINANCIAL ASSISTANCE

If information is not already entered below, obtain the needed information from the school's financial aid office and enter it on the appropriate line. Sign and date where indicated. See Section 5 for definitions of financial aid terms.

- A. Student's cost of attendance for the period of enrollment covered by the loan \$ _____
- B. Estimated financial assistance for the period of enrollment covered by the loan \$ _____
- C. Difference between amounts A and B \$ _____

WARNING: If you borrow more than the amount on line C, you risk reducing your eligibility for free or lower-cost federal, state, or school financial aid.

SECTION 3: APPLICANT INFORMATION

Enter or correct the information below.

Full Name and Address of School _____

Applicant Name (last, first, MI) _____ Date of Birth (mm/dd/yyyy) ____/____/____

Permanent Street Address _____

City, State, Zip Code _____

Area Code / Telephone Number Home () _____ Other () _____

E-mail Address _____

Period of Enrollment Covered by the Loan (mm/dd/yyyy) From ____/____/____ to ____/____/____

If the student is not the applicant, provide the student's name and date of birth.

Student Name (last, first, MI) _____ Student Date of Birth (mm/dd/yyyy) ____/____/____

SECTION 4: APPLICANT SIGNATURE

I certify that I have read and understood the notices in Section 1 and, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of Applicant _____ Date (mm/dd/yyyy) _____

SECTION 5: DEFINITIONS

Cost of attendance is an estimate of tuition and fees, room and board, transportation, and other costs for the period of enrollment covered by the loan, as determined by the school. A student's cost of attendance may be obtained from the school's financial aid office.

Estimated financial assistance is all federal, state, institutional (school), private, and other sources of assistance used in determining eligibility for most Title IV student financial aid, including amounts of financial assistance used to replace the expected family contribution. The student's estimated financial assistance is determined by the school and may be obtained from the school's financial aid office.

A **lender** is a private education lender as defined in Section 140 of the Truth in Lending Act and any other person engaged in the business of securing, making, or extending private education loans on behalf of the lender.

A **period of enrollment** is the academic year, academic term (such as semester, trimester, or quarter), or the number of weeks of instructional time for which the applicant is requesting the loan.

A **private education loan** is a loan provided by a private education lender that is not a Title IV loan and that is issued expressly for postsecondary education expenses, regardless of whether the loan is provided through the school that the student attends or directly to the borrower from the private education lender. A private education loan does not include **(1)** An extension of credit under an open-end consumer credit plan, a reverse mortgage transaction, a residential mortgage transaction, or any other loan that is secured by real property or a dwelling; or **(2)** An extension of credit in which the school is the lender if the term of the extension of credit is 90 days or less or an interest rate will not be applied to the credit balance and the term of the extension of credit is one year or less, even if the credit is payable in more than four installments.

Title IV student financial aid includes the Federal Pell Grant Program, the Federal Supplemental Educational Opportunity Grant (FSEOG) Program, the Federal Work-Study (FWS) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan Program, and the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program. To apply for Title IV federal grants, loans, and work-study, submit a Free Application for Federal Student Aid (FAFSA), which is available at www.fafsa.gov, by calling 1-800-4-FED-AID, or from the school's financial aid office.

SECTION 6: PAPERWORK REDUCTION NOTICE

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0101. The time required to complete this information collection is estimated to average 0.25 hours (15 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651

If you have any comments or concerns regarding the status of your individual submission of this form, contact your lender.