

**Ohio Veterinary Medical Licensing Board
Application for
Veterinary Student Loan Repayment Program**

I. <u>Applicant Demographics</u>		
Name, Last:	First: Middle:	Social Security # _ _ - _ - _ _ _ _
Current Address:		Home Phone ()
City:	State: Zip:	Other Phone ()
County:		Email(s):
Other Address (if applicable):		
City:	State: Zip:	Are you a U.S. Citizen or Legal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of time resided in Ohio:		Total Loan \$:
II. <u>Education & Licensure</u>		
<i>The applicant must meet the qualifications established in Chapter 4741. ORC for an Ohio license in order to be considered by the Board. If licensed in another state, a Letter of Good Standing must be provided, sent directly to the Ohio Veterinary Medical Licensing Board from the state licensing authority. A student in their final year must submit a transcript as verification of attendance from the institution.</i>		
Veterinary School graduated/graduating from:		
Dates of Attendance:		Year graduated/graduating:
Current Status (select one): <input type="checkbox"/> Enrolled in final year of accredited institution <input type="checkbox"/> Practicing in Ohio not more than 3 years <input type="checkbox"/> Practicing outside of Ohio (<i>thus not eligible for the program</i>)		Provide license information and any states licensed in: _____
Note any licensure restrictions:		
III. <u>Obligations</u>		
<i>Only veterinarians who have not received student loan repayment assistance pursuant to federal law may apply.</i>		
A. Complete page 2 of this application entitled Loan Information.		
Are you delinquent in the payment of any child support obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IV. <u>Background and Biographical Statements</u>		
On a separate sheet of paper, please provide a brief biography and a personal statement explaining your motivation in serving in a veterinary resource shortage area. Also include: 1) The county of your residence; 2) The county where you will be providing the majority of veterinary services; 3) The approximate percentage of services in each county; and 4) What percentage of time will be spent on food animals.		
V. <u>Professional References</u>		
Supporting letters or documents are recommended and may be submitted with this application or sent to the Board office via postal mail, fax (614) 644-9038 or email to info@ovmlb.state.oh.us .		
VI. <u>Certification</u>		
I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.		
_____ Applicant's Signature		_____ Date
Return to: Ohio Veterinary Medical Licensing Board, 77 So. High St., 16 th Floor, Columbus, OH 43215 by MAY 1st .		

Loan Information
The Ohio Veterinary Medical Licensing Board
Veterinary Student Loan Repayment Program

Directions: Please list only the loans you are requesting to be paid. For each loan listed, attach a copy of the loan agreement and a current statement from the lender showing the balance.

Section I: Applicant Information

Name (Last, First, MI) _____ Social Security No. _____

Address: _____

City, State, Zip Code _____ Telephone No. () _____

Have you consolidated your loans for undergraduate costs with veterinary medical school loans? Yes No
If yes, attach a copy of the loan documents, which reflects the new consolidated loan.

Section II: Lender Information

This program pays for the educational costs for the veterinary medical degree only, as listed on page 1 of the application. If loans have been consolidated, a determination will be made of the proportion of the consolidation loan that will be paid for a successful applicant. Only Institutional or Government loans are eligible including Stafford, SLS, HEAL, Perkins, and others. The total amount allotted for veterinary medical school loan pay off is a maximum of \$20,000.

Total loan repayment requested for all loans: \$ _____

Award Year	Disbursement Date	Type of Loan/Holder	Original Loan Amount	Current Balance	Date of Balance	Projected Payoff Date

Are any parts of the loan(s) listed above being paid by another organization? Yes No
If Yes, specify the amount being paid for applicable loans and the name of the organization.

Amount - \$ _____
Payer – _____

Certification:

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false representation is sufficient cause for rejection of this application.

Signature of Applicant

Date