



Loan Application

Please Print Legibly. Incomplete applications will not be considered.

Name _____ Date of Birth _____

Permanent Address _____ City _____ State ____ Zip _____

Present Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Legal Resident of Washington ___ Yes ___ No If Yes, No. Years _____

Marital Status _____ Military Status _____ Social Security No. _____

Children (list with ages) _____

High School _____ GPA _____

Pre-Med School _____ GPA _____

Degree Major _____ Grad. Date _____

Osteopathic College _____

Enrollment Date _____ Class of (Year) _____

Parent/Guardian _____ Phone _____

Address _____ City _____ State ____ Zip _____

List previous loans/scholarships. Include source, amount and date. _____

List obligations (Military, USPHS, etc.) that may prevent you from returning to Washington State to practice within 30 days of completion of residency. _____

Include with this applicaiton: **A letter of recommendation from an instructor at your COM**

A letter of recommendaiton from a WOMA member in active practice

A certified copy of your most recent grade transcript

List two people who will know your current address at all times:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Applicant's Statement

I am in need of a loan in order to continue my osteopathic medical education

I am a full-time osteopathic medical student who has completed at least six months of training in an AOA-accredited osteopathic medical school.

I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligations incurred by grant of this loan and the conditions of its terms as provided for in the loan agreement.

I understand that as a recipient of a Washington Osteopathic Foundation Loan I must practice in Washington State for a minimum of three years following completion of my postgraduate training.

I understand that upon application for a WOF student loan, I must be a member of WOMA and maintain such membership until the loan is repaid.

I understand that after graduation I am required to pay the interest accumulated each year.

I understand that the duration of the loan agreement will not exceed ten years.

I understand that if, in the event I should not complete osteopathic medical school or violate the loan agreement, the loan amount is immediately due and payable as provided in the loan agreement.

I have completed this application as fully and accurately as possible. I agree to its terms and have read and fully agree to abide by the loan criteria which preface this application.

Loan Amount Requested (up to \$10,000.00) \$ _____

Signature _____ Date _____

Print Name _____

Application Deadline February 15

Return completed application to WOF/PO Box 16486/Seattle WA 98116-0486