New Logo**Please complete this application and return by March 11, 2022\***

**ARKANSAS RURAL PRACTICE**

**Student Loan & Scholarship**

**APPLICATION FOR 2022-2023**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For 2022-23 Circle one): M1 M2 M3 M4**

**HOMETOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Years Lived in Arkansas: \_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If married: Spouse Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: $$ \_\_\_\_\_\_\_\_\_\_\_\_\_ # Dependents: \_\_\_\_**

**PARENT'S NAME & HOMETOWN: FATHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father's Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Current Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. What considerations led to your decision to practice primary care medicine in a medically underserved rural community in Arkansas? Have you ever lived in a rural community in Arkansas? If so, how long? (Please print or write legibly)**

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**B. To what extent have you been exposed to and/or involved in a practice of medicine in a rural setting, i.e., through employment, volunteer work, as a patient, shadowing a physician, or other experience? (Please print or write legibly)**

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**C. In your opinion, what are the three most important challenges facing healthcare in rural Arkansas? (Please print or write legibly)**

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**D. At this time, what area of Primary Care do you plan to pursue?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. If married, are you and your spouse committed to the objectives of the program and are you in complete agreement to living in a medically underserved rural community in Arkansas?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**F. Although you are not required at this time to pinpoint the specific rural location in which you plan to practice primary care medicine, do you have a general idea as to the area, county or community in Arkansas you are presently considering? Have you talked with any physicians, hospital administrators, or mayors about practicing in their community?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**G. If sufficient financial assistance were available from other sources, would you still apply for an Arkansas Rural Medical Practice Student Loan/Scholarship?**

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**H. If you are an Alternate applying for the Rural Practice Program, how much did the potential advancement on the Alternate List influence your decision to apply to this program?**

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**What is your educational indebtedness prior to the 2022-23 School Year?**

**Stafford/Unsubsidized Stafford Loans Total**: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Educational Loans: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Loans Prior to the 2018-2019 School Year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATION AND SIGNATURE:**

**I understand the information submitted by me on this application will be used by the Arkansas Rural Medical Practice Student Loan and Scholarship Board when determining my renewal application. I understand the severe penalties involved; including the revocation of my license to practice in the state of Arkansas should I default on my contractual obligation.**

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**SIGNATURE** **DATE**

**Return this application to Tammy Henson, Administrator, Rural Practice Programs, University of Arkansas College of Medicine, 4301 West Markham, # 551, Little Rock, Ark. 72205**

**\*You can bring this application to the Information Meeting**