

FINANCIAL INFORMATION (CONTINUED)

DESCRIBE YOUR FINANCIAL HISTORY (LOANS, INCOME, AND ANTICIPATED FUTURE EXPENSES AND SUPPORT)

USE THIS SPACE TO EXPLAIN ANY UNUSUAL EXPENSES, EDUCATIONAL AND OTHER DEBTS, PERSONAL CONSIDERATIONS THAT WOULD LIMIT YOUR ABILITY TO RELOCATE OR SPECIAL CIRCUMSTANCES PERTINENT TO THIS APPLICATION (E.G. CHANGES IN INCOME, FAMILY STATUS, MEDICAL OR LEGAL FINANCIAL OBLIGATIONS, SPECIAL EDUCATIONAL NEEDS) **ATTACH ADDITIONAL PAGES IF NECESSARY.**

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all loan funds received will be used only for educational purposes for the academic year covered by this program.

I understand I am making a commitment to provide services, upon completion of my professional veterinary training, in an area of defined need with in Missouri if I am awarded and accept a loan from the Missouri Department of Agriculture. Failure to provide these services makes all monies I borrowed immediately due and owing at the time of my breach.

I, hereby authorize my school to release copies of the financial statements and application forms contained in my financial aid file, to the Missouri Department of Agriculture.

STUDENT SIGNATURE

DATE

The following pages are the contract that the applicant, upon approval for funding and signing by the department director or his representative, agrees to practice in an area of defined need within the state of Missouri in lieu of cash repayment of all loans from the Missouri Department of Agriculture.

The applicant must complete and sign the contract in order for the loan application to be considered for funding. (See page 4)



**LARGE ANIMAL VETERINARY STUDENT LOAN PROGRAM
LOAN CONTRACT AND PROMISSORY NOTE**

MUST BE TYPED OR PRINTED

BORROWER'S NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS

STREET		TELEPHONE NUMBER	FAX NUMBER
CITY		STATE	ZIP CODE
BIRTHDATE	SOCIAL SECURITY NO.	E-MAIL	APPLYING FOR ACADEMIC YEAR

LENDING INSTITUTION

The Missouri Department of Agriculture

TERMS

I agree to pay the state of Missouri, or its authorized agent, the principal sum of twenty thousand dollars (\$20,000), plus interest in United States currency, upon maturity of this note.

INTEREST

I hereby agree to pay simple interest on the unpaid loan principal at a rate of _____ from the issue date of the state check until the principal and accumulated interest are paid.

MATURITY

This note will mature when the borrower ceases to be an eligible student in the University of Missouri - College of Veterinary Medicine Program.

FORGIVENESS

Payment of \$20,000 principal and accrued interest will be forgiven for each full calendar year that borrower engages in qualified employment in an area of defined need in this state. **Forgiveness must begin within six (6) months after completion of the doctor of veterinary medicine degree.**

ADDITIONAL AGREEMENTS

- The borrower fully understands and agrees to the following:
1. The borrower will use the proceeds of this loan for educational and/or living expenses.
 2. The borrower will send written notice to the Missouri Department of Agriculture within thirty (30) days after any change in enrollment status, practice location, type of practice, name or address.
 3. That the borrower is making a commitment to provide services, upon completion of veterinary training, in an area of defined need as determined by the Missouri Department of Agriculture.
 4. If the borrower's eligibility status changes (no longer a veterinary student or a veterinary student in good standing) and the borrower is not providing professional veterinary services in an area of defined need, repayment of the loan principal and interest shall begin with ninety (90) days of the date the recipient ceases to be an eligible student. Payment shall be completed no more than twelve (12) months from that date.
 5. The borrower will provide verification to the Missouri Department of Agriculture as to their enrollment, program eligibility, and academic standing within thirty (30) days of the completion of each semester and summer session and their expected program completion date.
 6. Upon completion of the DVM program and becoming licensed should the borrower at any time choose not to provide veterinary services in an area of defined need, repayment of the loan principal and interest becomes due and owing immediately and under a jointly agreed to repayment program must be completely repaid within one (1) year of the breach.
 7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Agriculture of change of address, the Missouri Department of Agriculture may call the note due immediately.
 8. When necessary to protect the interest of the state in any loan transaction under Section 340.335, RSMo, the Missouri Department of Agriculture may institute any action to recover any amount owed.

REMEDIES

The Department retains all administrative, civil and criminal remedies for breach of this contract by the Participant.

MODIFICATION EXTENSION

This contract may not be amended or modified without prior written agreement of the parties.

EXECUTION

The parties signed this contract on the dates and in places indicated below.

FOR THE PARTICIPANT		FOR THE DEPARTMENT OF AGRICULTURE	
SIGNATURE		AUTHORIZED SIGNATURE	
TITLE		TITLE	
DATE		DATE	
PLACE		PLACE	
NOTARY		WITNESS	
DATE		DATE	

REMINDER:

All application/contracts must be completed and signed

Attach: (1) Proof of Missouri residency.

(2) The Permission for Disclosure of Financial Aid Information form completed and signed by your financial aid officer.

(3) Confirmation letter from College of Veterinary Medicine

(4) Any other pertinent information for which there was inadequate space for inclusion in this application.

FOR OFFICE USE ONLY

O.R.:



MISSOURI DEPARTMENT OF AGRICULTURE
 1616 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

**LARGE ANIMAL VETERINARY STUDENT LOAN PROGRAM
 APPLICANT'S PERMISSION FOR DISCLOSURE**

MUST BE PRINTED OR TYPED

Complete for each loan you wish to be included in the agreement. This authorizes your lender to verify the information about the loan you have described here and disclose its purpose and amount to the Department of Agriculture.

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS

If you have consolidated your loans for undergraduate and/or graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan.

THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF ANY INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF THIS LOAN FOR THE PURPOSE OF ENTERING AN AGREEMENT WITH THE DEPARTMENT OF AGRICULTURE FOR REPAYMENT OF SAID LOAN.

(A copy of the promissory note for the loan described here must be attached to this form.)

APPLICANT INFORMATION

NAME			
STREET		CITY	STATE ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL	

LENDER INFORMATION

LENDER INSTITUTION OR CURRENT HOLDER OF LOAN NOTE			
NAME AND TITLE OF CONTACT PERSON			
STREET		CITY	STATE ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL	

LOAN INFORMATION

LOAN ACCOUNT NUMBER	DATE OF ORIGINAL LOAN	DATE LOAN RETIRES
PAYMENT AMOUNT \$	TOTAL PRINCIPAL OWED \$	TOTAL INTEREST OWED \$
TOTAL NUMBER OF PAYMENTS	HOW OFTEN ARE PAYMENTS DUE	NEXT DATE PAYMENT IS DUE

BORROWER'S SIGNATURE	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
 1616 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

LARGE ANIMAL VETERINARY STUDENT LOAN PROGRAM PLACEMENT

MUST BE PRINTED OR TYPED

NAME			
RESIDENTIAL ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS	
NAME OF FACILITY		PERMIT NUMBER	
FACILITY ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS	
VETERINARY IN CHARGE OF FACILITY NAME (IF APPLICABLE)		LICENSE NUMBER	
LENGTH OF REPAYMENT (CHECK APPROPRIATE NUMBER)			
<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS			
APPLICANTS SIGNATURE			DATE
VETERINARIAN IN CHARGE SIGNATURE (IF APPLICABLE)			DATE
DIRECTOR OF AGRICULTURE SIGNATURE			DATE
PRACTICE PROFILE			
PERCENTAGE OF SPECIES	NUMBER OF AMBULATORY VEHICLES	HAUL-IN FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PRACTITIONERS
LIVESTOCK MARKET IN AREA <input type="checkbox"/> YES <input type="checkbox"/> NO LOCATION: _____			
MARKETING STRUCTURE _____ _____			
OTHER PERTINENT INFORMATION _____ _____			