THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

409 12th St SW, Washington, DC 20024

HIGHER EDUCATION LOAN PROGRAM

APPLICATION FOR FINANCIAL ASSISTANCE
DURING RESIDENCY/FELLOWSHIP TRAINING
IN OBSTETRICS AND GYNECOLOGY

(MUST BY *TYPEWRITTEN* OR *PRINTED CLEARLY*)

1. PERSONAL INFORMATION ABOUT APPLICANT

NAME _____ JUNIOR FELLOW OF ACOG Yes ☐ No ☐

Last First Middle

CURRENT ADDRESS _____

Street Phone Email

_____

City State Zip Code

PERMANENT ADDRESS

_____

Street Phone

_____

City State Zip Code

PLACE OF BIRTH

_____

City State/Country

DATE OF BIRTH

_____

2. HELP LOANS PREVIOUSLY GRANTED

1) _____

Month Day Year Amount

2) _____

Month Day Year Amount

3. INFORMATION ABOUT RESIDENCY PROGRAM

CURRENTLY A RESIDENT OR FELLOW IN OBSTETRIC AND GYNECOLOGY AT WHAT HOSPITAL?

_____

DATE FIRST YEAR (PG1) COMPLETED? _____ WHAT YEAR NOW? _____

ANTICIPATED COMPLETION DATE OF RESIDENCY OR FELLOWSHIP PROGRAM? _____

**Repayment of loan begins 1 year after the completion of the residency or fellowship program.*

YEARLY STIPEND IN RESIDENCY

1st year _____
$ 2nd _____
year _____
$ _____
3rd year $
4th year $

4. SCHOLASTIC HISTORY

PREMEDICAL

School	Dates Attended
City	State

MEDICAL

School	Dates Attended
City	State

POSTGRADUATE

(Internship, Residency) Institution	Dates Attended

AND OTHER

Institution	Dates Attended

5. FINANCIAL INFORMATION

LIST LOANS OR OTHER DEBT (Attached additional sheets as necessary)

EDUCATIONAL

Amount	Interest	Type of Loan (e.g. GSL student, etc.)	Monthly Payments	Date payment start (if deferred)	Rate

Amount	Interest Rate	Organization	Monthly Payments

6. FINANCIAL STATEMENT

INCOME:

Applicant's income **PER MONTH**

1. Applicant salary after payroll taxes $ _____
2. Unearned income (dividends, interest, etc.) _____
3. Spouse's salary after payroll taxes _____
4. Other sources of income, including aid of Parents (explain) _____

TOTAL $ _____

EXPENSES:

Applicant's expenses **PER MONTH**

1. Housing (payments) $ _____

   Rent _____

   _____ MortgageAppraised Value _____

   Mortgage Balance _____

   Utilities _____
2. Food/Household $ _____

   Groceries Dining Out _____

   _____
3. Clothing Cost $ _____

   Clothing _____

   Dry Cleaning/Laundry _____
4. Transportation $ _____

   Car Payment(s) _____ Make/model _____

   _____ Make/model _____

   Gas _____

   Public Transportation _____
5. Debt repayment and interest $

6. Medical and Dental $ _____

7. Child Care $ _____

8. Other (explain) _____ $ _____

TOTAL $ _____

MONTHLY INCOME AFTER EXPENSES $ _____

Have you investigated obtaining this loan from other sources such as banks, family, government, etc.? Yes No

Comments

_____

LOAN AMOUNT REQUESTED $ _____

DESCRIBE CIRCUMSTANCES CAUSING NEED OF LOAN

_____

_____

_____

DESCRIBE CIRCUMSTANCES CAUSING NEED OF LOAN	**$ AMOUNT**

7. REFERENCES FOR APPLICATION

Please note that two letters of reference are required – one from the Director of your Department, and one from another Fellow of ACOG. Please follow up to ensure that the required references are forwarded to this office at the address below.

Name of another Fellow of ACOG _____ Phone _____

Name of Residency Program Director Phone

Address

Address

I authorize The American College of Obstetricians and Gynecologists (ACOG) to make whatever credit inquiries that it deems necessary in connection with this loan application or during review or collection of any loan extended in reliance on this application. I authorize and instruct any person, including but not limited to all local, state, or federal government agencies, or consumer reporting agency to complete and furnish to ACOG any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application shall remain ACOG's property whether the loan is granted.

All information set forth in this application is declared to be a true representation of the facts, made for the purpose of obtaining the loan requested.

Signature of Applicant _____

_____ 20 ____

Date of Application

Email of Applicant

Have you

a) Signed and date application?
b) Enclosed a copy of your most recent year's federal income tax return?

SEND TO:
Attn: Kevin Orellana, Higher Education Loan Program
The American College of Obstetricians and Gynecologists
409 12th St SW
Washington, DC 20024