



PO Box 1187 / Gig Harbor, WA 98335  
(425) 677-3930 / www.woma.org

## 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 application:

**A letter of recommendation from an instructor at your COM**  
**A letter of recommendation from an Active WOMA member**  
**A copy of your most recent grade transcript**

**Financial Information**

*(Complete this section if you are dependent on family or guardian for financial aid)*

Is your family/guardian able to pay any portion of your educational costs? \_\_\_ Yes \_\_\_ No

Amount they are able to contribute \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Estimated Net Worth of Parents/Guardian \_\_\_\_\_

How was your undergraduate education financed? \_\_\_\_\_

What was your gross income (include spouse) as shown on your Federal Tax Return for each of the two preceding years?      Year \_\_\_\_\_ \$ \_\_\_\_\_      Year \_\_\_\_\_ \$ \_\_\_\_\_

List present financial assets and resources of every nature:

Real Property Owned \_\_\_\_\_ Value \$ \_\_\_\_\_

Auto(s) Owned \_\_\_\_\_ Value \$ \_\_\_\_\_

Bank Accounts \_\_\_\_\_ Value \$ \_\_\_\_\_

Stocks, Bonds, Notes, Annuities \_\_\_\_\_ Value \$ \_\_\_\_\_

All Other Assets \_\_\_\_\_ Value \$ \_\_\_\_\_

**Total Assets \$ \_\_\_\_\_**

List debts, notes payable and other obligations:

Notes and Loans (List to Whom Owed) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Mortgages on Real or Personal Property \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities \$ \_\_\_\_\_**

List two people, not living with you, 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 to qualify for the lower interest rate.

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 Deadlines: February 15, May 15, August 15, November 15**

Return completed application to WOF / PO Box 1187 / Gig Harbor, WA 98335