



MUST BE TYPED OR PRINTED

HEALTH PROFESSIONAL STUDENT LOAN CONTRACT

BORROWER'S NAME

(LAST, FIRST, MIDDLE INITIAL)

- PRIMO
 PROFESSIONAL AND PRACTICAL NURSE

ADDRESS

STREET

CITY

STATE

ZIP CODE

BIRTHDATE

SOCIAL SECURITY NUMBER

FOR ACADEMIC YEAR

TO

LENDING INSTITUTION

The Missouri Department of Health and Senior Services;

TERMS

I agree to pay the State of Missouri, or its authorized agent, the principal sum of _____ dollars (\$ _____), 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 nine and one-half (9.5) percent per annum 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 at a participating school or when the borrower ceases his/her training.

FORGIVENESS

Borrowers may earn forgiveness by engaging in full-time qualifying employment in an area of defined need in Missouri. Repayment through forgiveness will begin within six (6) months after completion of the borrower's education or primary care training. Forgiveness schedules are determined by the borrower's educational program and the number of loans the borrow has received.

ADDITIONAL AGREEMENTS

The borrower fully understands and agrees to the following:

1. The borrower will use the proceeds of this loan for educational and related expenses.
2. Upon request by the Department or any change in enrollment status, residency plans, practice location, type of practice, name or address the borrower will send written notice to the Department wihtin thirty (30) days.
3. The borrower is making a commitment to provide health care services, upon completion of his/her education or primary care training, in an area of defined need as determined by the Missouri Department of Health and Senior Services.
4. If the borrower's eligibility status changes (no longer a qualifying student or student in good standing) and the borrower is not providing qualifying services in an area of defined need, repayment of the loan principal and interest will begin within ninety (90) days of the date the borrower ceases to be in qualifying eligibility status. Payment in full will be complete no more than sixty (60) months from that date.

CONTINUED ON BACK

ADDITIONAL AGREEMENTS, CON'T

5. The borrower will submit to the Missouri Department of Health and Senior Services proof of his/her enrollment, program eligibility and academic standing within thirty (30) days of the Department's request and within thirty (30) days of the end of each semester or summer session.
6. Upon completion of the educational program/training and becoming licensed, should the borrower at any time choose not to provide health care services in a defined area of need, repayment of the loan principal and interest become due and owing immediately, and must be repaid within five (5) years 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 Health and Senior Services of changes of address, the Missouri Department of Health and Senior Services may call the note due immediately.
8. When necessary to protect the interest of the state in any loan transaction under the Health Professional Student Loan Program, the Missouri Department of Health and Senior Services may institute any action to recover any amount owed.
9. In the event the borrower is unable to maintain forgiveness status for this loan, and thereby is liable to repay all or a portion of this money to the Missouri Department of Health and Senior Services, he/she agrees to repay any attorney's fees the Department incurs during its collection efforts against the borrower.

REMEDIES

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

MODIFICATION/EXTENSION

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

EXECUTION: The Debtor must sign and date before a notary public and return to the Department for execution.

This document only becomes fully executed when signed by the Department's authorized signatory.

FOR THE BORROWER

SIGNATURE

TITLE

DATE

NOTARIZATION

STATE	Notary Public Embossed or Blank Ink Rubber Stamped Seal
COUNTY	
SUBSCRIBED AND SWORN BEFORE ME BY THE BORROWER	
THIS DAY OF MONTH OF YEAR.	
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

AUTHORIZED SIGNATURE

TITLE

DATE