



Certification of School Loan Debt

Section A: Applicant Information

Last Name:	First Name:	MI:
Previous name under which records may have been kept:		
	Phone:	(Home)
		(Work)
E-mail:		(Cell)

Certification Statement

All the information on this application is true to the best of my knowledge. If asked by the Office of Student Financial Assistance or the Office of Oral Health, I will provide proof of the information I have given on this application.

I give permission for any information related to my application to the MDC-LARP to be shared with the members of the Review Panel in consideration for the MDC-LARP award.

Applicant Signature: _____ Date: _____

APPLICATION INSTRUCTIONS:

All application materials must be received and/or post marked by July 28, 2023.

Please fax or email this form to (410) 333-7392, Attn: MDC-LARP or send to the following address:

MDC-LARP

Office of Oral Health

Maryland Department of Health

201 W. Preston Street, 4th Floor

Baltimore, MD 21201

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Section B: Certification of School Debt

Please Note: All educational debt must be listed for consideration.

If you have more than one account with a lender, please list each individually on a separate line.

Lender Name	Account #	Repayment Month/Year	Total Current Outstanding Balance	Monthly Due Date	Monthly Payment	If loan ever consolidated, list rate
Total:						