



Primary Care Loan Application Request

2026-2027 AID YEAR

Student Name: _____ Student ID#: _____

I am requesting the application for the **Primary Care Loan**. I certify that I am aware of the following:

- I must be enrolled in the TCOM program
- I intend to practice in Primary Care
 - There are penalties if you accept PCL funds and do not practice Primary Care
 - Acceptable residency fields for the PCL program may be viewed on pages 38-40 of the [PCL Guidelines](#).
- If accepted, this loan must stay within my Cost of Attendance (yearly budget), and may require a reduction in other loan funds
- Additional paperwork will be required if the application is approved

Please sign the form electronically and submit using the button below. You may also print and sign the paper document. You can submit the paper application by email, postal mail, or in person.

Student Signature _____ Date _____

Contact Information:

UNTHHealth Financial Aid Office
Student Service Center
finaid@unthsc.edu

Physical Address:	Mailing Address:
1051 Haskell Street	3500 Camp Bowie Blvd
Fort Worth, TX 76107	Fort Worth, TX 76107