

DAMON RUNYON CLINICAL INVESTIGATOR AWARD

MEDICAL SCHOOL LOAN REPAYMENT PROGRAM APPLICATION

(Must be submitted by Applicant within one month of acceptance of the Clinical Investigator Award. Please complete a separate application for each loan.)

Section A: To be completed by Applicant (Please Print)

1. Applicant's name (last, first, middle):	2. Social Security Number:
3. Name and address of lending institution/ holder of loan (<i>i.e., bank, educational institution</i>): Name of Contact: Contact Phone Number:	4. Name and address of servicing agent to whom payments are sent (if different than item 3) Name of Contact: Contact Phone Number:
5. Loan account number:	6. Date of loan:
7. Purpose of loan:	8. Original amount of loan:
9. Deferment/grace information: Deferred from _____ to _____ ____ Check if interest bearing Repayment began (date) _____	10. Current balances: a. Principal _____ b. Interest _____ As of (date) _____
11. Monthly payment amount:	12. Are your payments up to date? ____ Yes ____ No
13. Has this loan ever been delinquent or in default? ____ Yes ____ No	14. If the answer to item 13 is yes, are there any outstanding late fees, penalty fees, additional interest charges or other fees? ____ Yes ____ No
15. Current interest rate of loan _____% __ Fixed __ Variable __ Simple __ Compounded	16. Was the entire loan used for direct educational expenses during medical school? (<i>Loans for general items or living expenses (e.g., housing, transportation, and consumables) do not qualify as educational expense</i>) ____ Yes ____ No
17. If the answer to item 16 is no, please indicate the amount of the loan used for direct educational expenses during medical school.	18. Is this a consolidated loan? ____ Yes ____ No
19. If the answer to item 18 is yes, please indicate the amount of the loan that is for your direct educational expenses during medical school and submit a separate application with information on the original loan.	20. Required documentation (please attach) <ul style="list-style-type: none">• Loan agreement or promissory note• Standard school budget for the years for which you are requesting loan repayment (can be obtained from your school's Financial Aid Office) or other documentation that shows your tuition and other expenses

Section B: Certification by Applicant

I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as result of the omission.

I understand that this form will be sent to the identified lending institution for purposes of verifying the information contained herein. I hereby authorize the lending institution, servicing agent, and/or institutional program named above to release information about my loan to the Damon Runyon Cancer Research Foundation. This authorization shall remain in effect during my application and participation in the Damon Runyon Clinical Investigator Award and for a period of 120 days thereafter.

I hereby confirm that I have read the Damon Runyon Clinical Investigator Award Medical School Loan Repayment Policy (the "Policy") and agree to all provisions contained therein.

Signature of Applicant	Date
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Section C: To be completed by Lending Institution/ Servicing Agent

Instructions: Please verify the information contained in Section A, indicating any corrections next to the item(s) in question. Complete Section C and return this form to Travis Carey, Chief Financial Officer at travis.carey@damonrunyon.org or fax to 212-697-6403. Questions? Contact Travis at 212-455-0531, or by email at the address above.

Name and title of authorized official for the Lending Institution (PLEASE PRINT)	Federal tax identification number or EIN (Required for sending payments)
Lending Institution/ Servicing Agent's Certification: I certify that, to the best of my knowledge, the loan identified above is a bona fide legally enforceable institutional, state or government education loan made for the purpose of meeting the borrower's costs of attending medical school and that the information provided in Section A is correct.	Signature: _____ Date: _____