

St. John's University
Office of Student Financial Services



Health Professions Student Loan Application 2024-2025

Directions: *Complete all pages of the enclosed Health Professions Student Loan Application.

**** Do not leave any answers blank – use N/A if not applicable.***

**** All entries must be legible without cross outs and overwrite marks.***

*** If student is under age 18, parent signature is required next to student's signature all on documents.**

**Please mail the complete original application to:
St. John's University
Office of Student Financial Services
8000 Utopia Parkway
Queens, NY 11439**

STUDENT IS ADVISED TO KEEP A COPY FOR FUTURE RECORD AND REFERENCE

ST. JOHN'S UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICES

HEALTH PROFESSIONS STUDENT LOAN

STUDENT'S NAME _____

STUDENT'S STJ X I.D. NUMBER _____

I HEREBY ACCEPT THE HEALTH PROFESSIONS STUDENT LOAN OFFERED TO ME
IN MY 2024-2025 FINANCIAL AID PACKAGE.

SIGNATURE _____

DATE _____

HEALTH PROFESSIONS STUDENT LOAN
INFORMATION/REFERENCE SHEET

Student Information

Name: _____ Date: ____/____/20____
(Last) (First)

Last four #'s of Social Security Number: _____ Date of Birth: ____/____/____

Expected Date of Graduation: ____/____/20____ Campus: Queens

Driver's License Number: _____ State: _____

Permanent Address: _____

(Street Address) P.O. Box not acceptable

(City)

(State)

(Zip)

Phone Number: (_____) _____

Local Address: _____
(Street Address)

(City) (State) (Zip)

Local Phone Number: (_____) _____

Parental/Guardian/Spouse Information

Parent/Stepparent's Name _____

Address _____ Phone #: (_____) _____ - _____

Employer _____ Employer Phone: (_____) _____ - _____

Employer Address:

Parent/Stepparent's Name _____

Address _____ Phone #: (_____) _____ - _____

Employer _____ Employer Phone: (_____) _____ - _____

Employer Address:

Spouse's Name (*If Applicable*) _____

Spouse's Employer _____

Employer's Phone Number: (_____) _____ - _____

Instructions: You **must provide two complete references** that do not live with you, or your parents or spouse (if applicable) One reference must be a relative **other than a parent or spouse**. Both references must be completed with a full name, address, and phone numbers.

Reference #1

Name: _____ Relationship: _____

Street Address:

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Business Phone Number (____) _____ - _____

Reference #2

Name: _____ Relationship: _____

Street Address:

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Business Phone Number (____) _____ - _____

Student Signature _____

Date _____

**** Be sure all information on this application is complete. ****

Submitting an incomplete application will delay the processing of your HPL Application.

St. John's University

Truth-In-Lending Statement

Health Professions Student Loan Program

The Health Profession Student Loan(s) which you have received, together with their appropriate ANNUAL PERCENTAGE RATE (s) is/are payable in accordance with a repayment schedule approved by the school and the Secretary of Health and Human Services and agreed to by you, the maker, at the time you cease to pursue an eligible course at the school. The INTEREST CHARGE begins to accrue at the termination of the grace period or other deferment period. The grace period is twelve (12) months. There is a 0% interest rate during the grace period.

The AMOUNT FINANCED (or the total of all loans due) is repayable in accordance with the provisions of the promissory note and the repayment schedule attached and this is subject to provisions relating to DELINQUENCY and DEFAULT charges specified in the promissory note.

The Maker, at his or her option and without penalty, prepays all or part of the principal plus the interest accrued at any time.

In addition, in accepting the above awards I understand that they were based upon the information furnished in my financial application. I further agree to keep St. John's University informed of any change in my financial status with the understanding that should I or the University receive any additional funds on my behalf from any outside source(s), St. John's University may exercise the option of reducing the above awards.

I acknowledge receipt of an exact copy of this statement. I hereby affirm that I am familiar with the conditions contained in the aforementioned promissory note and outlined on the Statement of Rights and Responsibilities/Entrance Interview.

Date

Signature of Borrower

Permanent Address

<p>ANNUAL PERCENTAGE RATE</p> <p>The cost of your credit as a yearly rate.</p> <table><tr><td>Prior to Repayment</td><td>During Repayment</td></tr><tr><td>0%</td><td>5%</td></tr></table>	Prior to Repayment	During Repayment	0%	5%	<p>AMOUNT FINANCED</p> <p>The amount of credit to you during the 2024-2025 academic year.</p> <p>\$ _____</p> <p>The cumulative balance:</p> <p>\$ _____</p>	<p>Late Charge: A penalty charge of not more than 6% will be charged on all or any part of any loan installment more than 60 days past due.</p> <p>Prepayment: You may prepay all or any part of the loan principal or interest without penalty.</p>
Prior to Repayment	During Repayment					
0%	5%					

PROJECTED QUARTERLY PAYMENTS

Total Amount Borrowed	Estimated Quarterly Payment	Total Amount Borrowed	Estimated Quarterly Payment
\$750	\$28.15	\$9,000	\$337.50
1,000	37.50	9,500	356.25
1,500	56.25	10,000	375.00
2,000	75.00	10,500	393.75
2,500	93.75	11,000	412.50
3,000	112.50	11,500	431.25
3,500	131.25	12,000	450.00
4,000	150.00	12,500	468.75
4,500	168.75	13,000	487.50
5,000	187.50	13,500	506.25
5,500	206.25	14,000	525.00
6,000	225.00	14,500	543.75
6,500	243.75	15,000	562.50
7,000	262.50	15,500	581.25
7,500	281.25	20,000	750.00
8,000	300.00		
8,500	318.75		

Health Professions Student Loan Statement of Rights and Responsibilities/Entrance Interview

A Health Professions Student Loan is a serious legal obligation. Therefore, it is extremely important that you understand your rights and responsibilities. When you, the student borrower, sign this statement it means you understand your responsibilities and you agree to honor them.

1. I understand that all monies I receive under the Health Professions Loan Program must be for educational expenses and repaid.
2. I am aware that St. John's University will hold the Promissory Note while I am in attendance.
3. I understand that I must, without exception, report any of the following changes to St. John's University, Office of Student Financial Services:
 - a) If I withdraw from school or the Pharmacy program.
 - d) If my name should change (e.g. because of marriage)
 - b) If my address, or my parents' address changes.
 - e) If I should transfer to another school.
 - c) If I drop below full-time status. (Less than 12 Credits)
 - f) If I join the military service or Peace Corps.
4. I understand that when I graduate or withdraw from the St. John's University Pharmacy Program, I must complete an on-line Exit Interview through my U.I.S. student account. Questions regarding the Exit Interview process may be directed to (718) 990-2000 (Queens Campus).
5. I understand that my first HPSL payment will be due fifteen (15) months from the time I cease to be a full-time student.
6. I understand that my minimum HPSL payment will be at least \$15.00 per month. It may be more if the amount borrowed is sufficient to require longer payments.
7. I understand that I may make payments while I am in school or during the grace period, and that these payments will reduce the principal balance, and will result in interest savings. I will contact the Office of Student Financial Services in order to obtain the name and address of where payments should be sent, as well as my account number, if I choose to exercise this option.
8. I understand that the annual percentage rate will be charged on the unpaid balance and that it will begin to accrue 12 months after I cease to be enrolled as a full-time student.
9. I understand that cancellation may be granted for special conditions according to terms shown on my loan note; and in the event of death or permanent disability. I also understand the school must be informed of such status.
10. I understand that if I enter military service or Peace Corps, or pursue advanced professional training, I may request that the payments of my loan be deferred.
11. I understand that if I fail to repay my loan as agreed, the total loan may become due and payable immediately and legal action could be taken against me and/or referral of my account to a collection agency.
12. I understand that I must promptly answer any communication regarding my loan.
13. I understand that if I cannot make a payment on time, I must contact Heartland ECSI (888) 549-3274 as a billing agent
14. I authorize St. John's University to contact any school which I may attend, to obtain information concerning my student status, my year of study, my dates of attendance, graduation or withdrawal, my transfer to another school, or my current address.
15. I authorize St. John's University to report this loan to credit reporting bureaus.
16. I understand that I must provide the University with the prescribed reference sheet annually while I am in attendance. I authorize St. John's University, or its servicing agent to contact the references so provided, when unable to contact me directly, to obtain information regarding my status and/or location.

17. I understand that if I have previously borrowed any HSPL monies with different terms and conditions (e.g. deferrals available, interest rates, length of grace period) I may have more than one separate repayment schedule along with separate loan agreements and responsibilities.

18. I understand that failure to make a scheduled payment constitutes default, and that if this occurs St. John's University may demand immediate payment of my loan, including principal, interest, and late charges. Relevant information regarding the repayment of my loan will be disclosed to national credit bureaus.

19. I understand that St. John's University employs Heartland ECSI (888) 549-3274 as a billing agent.

Applicant's Statement:

(1) I am a full-time student of Pharmacy as defined by the Office of Registrar.

(2) I will use the proceeds of the loan only for the payment of tuition and required fees: for the purchase of books, instruments and other necessary school supplies and equipment; and for food, lodging, medical care, clothing, and similar items of living expenses for myself, my spouse and my children. (Cross out words which do not apply.)

(3) I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligations incurred by the grant of this loan and the conditions of its repayment.

Student's Signature _____ **Date** ____/____/20 ____

Social Security No.: _____

REQUIRED CERTIFICATIONS

**CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT
STATEMENT OF REGISTRATION STATUS**

I Certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

STATEMENT OF EDUCATIONAL PURPOSE

I affirm that I will use any funds I receive under the Health Profession Student Loan Program solely for expenses related to attendance at St. John's University. I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meet any educational expenses at St. John's University. I further understand that the amount of any repayment is based on regulations published by the Secretary of Health and Human Services.

STATEMENT OF REGISTRATION STATUS

____ I certify that I **am** registered with Selective Service

____ I certify that I **am not** required to be registered with Selective Services because

__ I am a female

__ I am in the armed services on active duty (Does not apply to members of the Reserves and National Guard who are not on active duty)

__ I have not reached my 18th birthday

__ I was born before 1960

__ I am a resident of the Federal States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau)

Student Signature: _____ **Date:** ____/____/20 ____