

# UNIVERSITY OF MINNESOTA MEDICAL SCHOOL RECORD OF FINANCIAL ASSISTANCE

NAME \_\_\_\_\_

DATE OF MATRICULATION \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_ UNDERGRADUATE INDEBTEDNESS \_\_\_\_\_

### DIRECT LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### PRIVATE LOANS / GRADUATE PLUS LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### PERKINS LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### UNIVERSITY TRUST FUND LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### UNSUBSIDIZED DIRECT LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### MINNESOTA MEDICAL FOUNDATION LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### PRIMARY CARE LOANS

YEAR	DATE	LENDER	AMOUNT	INTEREST	TOTAL

### ANNUAL TOTAL

### ACCUMULATED DEBT

UNDERGRADUATE	\$
MED YEAR 1 \$	\$
MED YEAR 2 \$	\$
MED YEAR 3 \$	\$
MED YEAR 4 \$	\$
<b>TOTAL DEBT</b>	<b>\$</b>