CLEWIS

Charlie Lewis West Virginia State Medical Association Loan Program Description/ Application

Eligibility:
This program is provided to the needy and deserving medical students who are enrolled on a full-time basis in either the Joan C. Edwards School of Medicine or the West Virginia University School of Medicine. Applicants must be U.S. citizens and residents of West Virginia who have an interest in remaining in the state following graduation. The loan fund is made possible by voluntary contributions from practicing physicians who are members of the West Virginia State Medical Association. This program is sponsored by the West Virginia State Medical Association. It is named after Charlie Lewis, former Executive Director of the State Medical Association.

Selection:
Recipients will be selected by the respective schools on the basis of the above criteria. Financial need will be a major consideration along with academic criteria.

Application:
Annual application will be required. However, awards may be renewed providing funds are available and the recipient continues to demonstrate eligibility. Eligibility is determined by the school's Charlie Lewis Loan Application, needs test and institutional application. The deadline is noted on the application.

Interest:
The interest rate shall be established at nine percent (9%) and shall accrue from the date of the loan. Interest need not be paid during the in-school period, periods of graduate medical education or for 60 days following graduate medical education.

Interest Cancellation:
A unique feature of this program allows for cancellation of interest for in-state practice. One year of interest will be cancelled for each year of practice in West Virginia following completion of post-graduate training.

Repayment:
Principle repayment will begin 60 days following the completion of graduate medical education or withdrawal from medical school. Interest will be added if a practice site is chosen outside of West Virginia. All principal and interest must be repaid in annual increments equal to the total years of medical school and post-graduate training. Cancellation of principal amounts is not provided for in this program.

Promissory Note:
Loan recipients must sign a promissory note and have a co-signer who is not a spouse, faculty member or a student. Typically, a parent is an appropriate co-signer.

Exit Interview:
An exit interview will be required of each loan recipient at the time of graduation from the institution. At that time, interest cancellation forms will be provided to student borrowers along with a repayment schedule and other appropriate forms.

Disbursement:
Loan funds in this program will be disbursed by the respective school. Typically, funds will be disbursed twice during the year, one-half at the beginning of each semester.

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Name _____ Social Security Number & MU ID Number _____

Classification: MSI ☐ MSII ☐ MSIII ☐ MSIV ☐

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

My signature below is certification that I have read, understand and agree to the aforementioned provisions of the loan program and I plan to remain in West Virginia following the completion of my medical education.

Signature _____ Date _____