



## **Ivy B. Horr Endowed Medical Education Loan Fund**

### ***Application available:***

January 2, 2010. An online version of this form for completion and printing (cannot submit online) is available at [www.shastarcf.org](http://www.shastarcf.org).

### ***Submission Deadline:***

Postmarked or delivered by **March 31, 2010** to:

Shasta Regional Community Foundation  
Ivy B. Horr Endowed Medical Education Loan Fund  
1335 Arboretum Drive, Suite B  
Redding, CA 96003

Driving directions are available at [www.shastarcf.org](http://www.shastarcf.org)

### ***Fund Details and Eligibility Requirements:***

Please see:

- Eligibility Information sheet in this packet on page 2 or on the website.
- Repayment Schedule per note in this packet on page 3 or on the website.

**If you meet each of the requirements proceed with the rest of the application.**



## IVY B. HARR ENDOWED MEDICAL EDUCATION LOAN FUND ELIGIBILITY INFORMATION

### **Brief History:**

The Ivy B. Harr Endowed Medical Education Loan Fund was established by the late Mrs. Harr, a resident of Eastern Shasta County, from a portion of her estate, “to make loans to students who reside in one of the following California counties: Shasta, Lassen, Tehama, Modoc, Trinity, or Siskiyou; and who are engaged in the study of medicine or in medical training at colleges or universities wherever located . . .”

Loans can be for up to \$10,000. The Shasta Regional Community Foundation administers the fund and loan program.

You may qualify for any Ivy B. Harr Endowed Medical Education Loan Fund if you meet **each** of the following eligibility requirements:

1. You must be, “engaged in the study or *in* medical training at colleges or universities wherever located.”
2. You and your parent or guardian have been residents of one of the following California counties for **four years** or more: Shasta, Lassen, Tehama, Modoc, Trinity, or Siskiyou.
3. **All** high school attendance must have been in **one or more** high schools in the six-county area: Shasta, Lassen, Tehama, Modoc, Trinity, or Siskiyou.
4. You must have graduated from one of the high schools in the six counties.
5. If you are applying as a high school student, you must show proof of taking either the Scholastic Aptitude Test (SAT) or the American College Test (ACT), or an equivalent (i.e. ASVAB) along with your score(s).
6. You will not receive additional scholarships and/or grants in excess of \$10,000 during the year of the loan.
7. You have completed and submitted the Ivy B. Harr Endowed Medical Education Loan Fund application prior to **March 31, 2010**. You may obtain a loan application by contacting: Shasta Regional Community Foundation, 1335 Arboretum Drive, Suite B, Redding, CA 96003, or by contacting Juliette Read at: 530-244-1219 x102 or juliette@shastarcf.org.

Additional eligibility requirements for students currently enrolled in an accredited four-year or two-year institution:

8. You have achieved the following cumulative grade point average for the preceding year(s):  
Freshman: 2.20, Sophomore: 2.35, and Junior: 2.50.
9. You have carried a sufficient unit load so as to make normal progress toward graduation.
10. In addition to conditions described in items #8 and #9, if you have attended a community college, you must have completed a minimum of 45 semester/67.5 quarter units of transferable work during a maximum of two years. Selection will be based on the “probability of academic success” in the study of medicine or medical training as ascertained by your academic accomplishments in college or high school, and the results either on the SAT, ACT, or an equivalent (i.e. ASVAB).



**IVY B. HARR ENDOWED MEDICAL EDUCATION LOAN FUND  
REPAYMENT SCHEDULE PER NOTE\***

<b>AMOUNT BORROWED</b>	<b>MONTHS</b>	<b>MONTHLY PAYMENT (Principal &amp; Interest)</b>	<b>TOTAL PAID (Principal &amp; Interest)</b>	<b>TOTAL INTEREST PAID</b>
\$2,000.00	24	\$85.08	2,041.93	\$41.93
\$2,500.00	24	\$106.35	2,552.42	\$52.42
\$3,000.00	36	\$85.93	3,093.40	\$93.40
\$3,500.00	36	\$100.25	3,608.96	\$108.96
\$4,000.00	36	\$114.57	4,124.53	\$124.53
\$4,500.00	48	\$97.63	4,686.15	\$186.15
\$5,000.00	48	\$108.48	5,206.83	\$206.83
\$5,500.00	48	\$119.32	5,727.51	\$227.51
\$6,000.00	60	\$105.17	6,309.99	\$309.99
\$6,500.00	60	\$113.93	6,835.83	\$335.83
\$7,000.00	60	\$112.69	7,361.66	\$361.66
\$7,500.00	72	\$110.63	7,956.25	\$456.25
\$8,000.00	72	\$118.00	8,496.25	\$496.25
\$8,500.00	72	\$125.38	9,027.27	\$527.27
\$9,000.00	84	\$114.91	9,652.18	\$652.18
\$9,500.00	84	\$121.29	10,188.41	\$688.41
\$10,000.00	84	\$127.67	10,724.65	\$724.65

\*Repayment Schedule is based on a 2% interest rate amortized over the length of the repayment.

\*Each loan received is subject to separate repayment schedules due in tandem with any additional loans from this fund.



## Ivy B. Horr Endowed Medical Education Loan Fund Application

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Last Name	First Name	Social Security Number
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Address

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City	State	Zip Code
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Home Phone	Cell Phone	Work Phone
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E-mail Address: \_\_\_\_\_

List High School(s) Attended:

Name	County	Date(s) of Attendance

Did you graduate from High School? \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

List Parent/Guardian Address(es):

Address, City/State/Zip	County
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Date(s) of Residence: \_\_\_\_\_

Address, City/State/Zip	County
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Date(s) of Residence: \_\_\_\_\_

How long has your Parent/Guardian lived in Shasta, Lassen, Tehama, Modoc, Trinity or Siskiyou counties? \_\_\_\_\_

1. What is your medical career goal?

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2. What Institution are you attending next term? \_\_\_\_\_

Have you been accepted? YES NO

4. What is the beginning date of your next term of enrollment? \_\_\_\_\_

Year in Program: 1 2 3 4 5

5. What is your anticipated graduation date from this Institution? \_\_\_\_\_

6. How many college units have you completed? \_\_\_\_\_

7. What is your current college GPA? \_\_\_\_\_

8. What is your cumulative college GPA? \_\_\_\_\_

9. If you are attending a community college, how many transferable units have you completed?

\_\_\_\_\_

10. How much do you wish to borrow? (\$10,000 max) \_\_\_\_\_

11. List anticipated expenses for the academic year:

Tuition & Fees: \$ \_\_\_\_\_ Books & Materials: \$ \_\_\_\_\_

Living Expenses: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Explain: \_\_\_\_\_

Total: \$ \_\_\_\_\_

12. List all funding sources for your education:

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I declare and affirm under penalty of perjury that the statements made herein are true and correct:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

***Your application is not complete without these attachments:***

- Brief one page essay** describing why you decided to engage in the study of medicine or in medical training.
- Two letters of recommendation from people who know you.**
  - Include one recommendation from a person who is your school counselor or teacher or medical professional or current employer
  - Maximum of one page each.
- Please attach **official** school transcripts. “Official” transcripts are those which have been obtained from an educational institution in a sealed envelope and remain unopened.
- A copy of your most recent credit report.** This can be obtained by visiting one of the many free credit report websites (freecreditreport.com; experian.com; transunion.com)
- If you are **applying as a high school student**, you must show proof of taking either the Scholastic Aptitude Test (SAT) or the American College Test (ACT), or an equivalent (i.e. ASVAB) along with your test score(s).

**Agreement to release of recipient information to media:**

I agree to allow Shasta Regional Community Foundation to use my name and photo to inform the public of the Ivy B. Horr Endowed Medical Education Loan Fund award through various media outlets (TV, newspaper, radio).

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Signature of Applicant

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Date Signed