



Certification of School Loan Debt

FYI: This form contains sensitive material and should not be submitted electronically.

Section A: Applicant Information

Last Name:	First Name:	MI:
Previous name under which records may have been kept:		
	Phone:	(Home)
		(Work)
E-mail:		(Cell)

Certification Statement

All the information on this application is true to the best of my knowledge. If asked by the Office of Student Financial Assistance or the Office of Oral Health, I will provide proof of the information I have given on this application.

I give permission for any information related to my application to the MDC-LARP to be shared with the members of the Review Panel in consideration for the MDC-LARP award.

Applicant Signature: _____ Date: _____

APPLICATION INSTRUCTIONS:

All application materials must be received and/or post marked by July 29, 2016.

Please fax this form to (410) 333-7392, Attn: MDC-LARP or send to the following address:

MDC-LARP

Office of Oral Health

Maryland Department of Health and Mental Hygiene

201 W. Preston Street, 4th Floor

Baltimore, MD 21201

Please forward all questions regarding the application process to: dhmh.mdclarpprogram@maryland.gov

