



Financial Aid Application 2024-25 For Health Professions Student Loans

The **Health Professions Loan** (HPSL) is a need-based low- interest loan funded by the U.S. Department of Health Resources and Services Administration (HRSA). HPSL is available to financially needy students to help pay for their educational costs. HRSA requires schools to collect parent income and asset information for the purposes of determining eligibility; this requirement cannot be waived. Please note that independent graduate students can no longer include parent information on the FAFSA. If you would like to be considered for the HPSL or other need-based low-interest loans, please submit your 2024-2025 FAFSA to the Federal Processor at www.studentaid.gov and submit a signed copy of this completed application and your parent’ 2022 IRS Tax Transcript or tax return (first two pages) to the Financial Aid Office by **April 1, 2024**.

To request the transcript, go to www.irs.gov

Do not leave any item blank; enter 0 if appropriate. Do not double-count parents’ information.

Student Name _____

Program/Year _____

Student ID # _____

	Student	Spouse	Parent 1	Parent 2
Birth year	NA			
What is your marital status? (e.g., single, married, separated/ divorced, widowed)				
Enter the number of dependents you have living in your household, including the student applicant				
Enter the number in college in 24-25; do not include NECO student’s parents				
List your 2022 earnings from work	\$	\$	\$	\$
List other income and/or benefits and the sources received in 2022	\$	\$	\$	\$
Total income Tax paid in 2022				
Enter the total amount of liquid assets (cash, savings, checking, etc.).	\$	\$	\$	\$
Enter the net worth of investments	\$	\$	\$	\$
List other real estate value (not your primary residence)	\$	\$	\$	\$

I understand that applications that are incomplete will not be considered, certify that the information on this application is accurate, and that any misrepresentation of my circumstances will result in withdrawal of the award. By submitting this application, I give permission for the Financial Aid Committee to review my application material.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____

***Please submit your completed application and supporting documents to the Financial Aid Office.
New England College of Optometry, Financial Aid Office, 424 Beacon Street, Boston, MA 02115
Or scan to finaid@neco.edu***

Student Eligibility Criteria

Citizenship Status: A student applicant must be a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific. A student who remains in this country on a student or visitor's visa are not eligible

Financial Need: Parents' financial information will be collected and assessed. In determining financial need, NECO will take into consideration the financial resources available to the student; and the costs reasonably necessary for the student's attendance at NECO.

Eligibility: The student must be enrolled or accepted for enrollment as a full-time student at NECO. The student must be in good academic standing, as defined by NECO.

Requirements: Promissory note and entrance counseling must be completed before a disbursement is made.

Repayment Term: 10 years or less if consolidating with other loans

Interest rates: The interest rate is 5% and is subsidized until the loan goes into repayment

Grace Period: 12 months grace period after you complete your academic program.

Award Amounts and Disbursement: Based on the funds available each year