

# **State of Wisconsin Higher Educational Aids Board**

**Tony Evers** Governor

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Connie Hutchison, PhD **Executive Secretary** 

## Health Services Scholarship Program; Loan: Final Disclosure

BORROWER:	CREDITOR:	RIGHT TO CANCEL	
(Last Name, First Name)	State of Wisconsin Administered by:	You have the right to cancel this transaction, without	
(Address)	— Higher Educational Aids Board P. O. Box 7885	penalty, within 3 days from the date on which you signed your Applicant Self-Certification Form. No funds will be	
(Address)	— Madison, WI 53707-7885	disbursed to you until after this time. Cancel this loan by	
(City, State, Zip)	<del>_</del>	contacting the financial aid office at your school.	

## **Loan Rates & Estimated Total Costs**

\$ Total Loan Amount	Interest Rate	\$ Finance Charge	\$ Total of Payments
\$25,000	5%	\$6,252.57	\$31,252.57
The total amount you are borrowing.	Your current interest rate.	The estimated dollar amount the credit will cost you. Assumes five year repayment	The estimated amount you will have paid if paid off in five years from date loan enters

### **ITEMIZATION OF AMOUNT FINANCED**

Amount paid to you	\$25000.00
Initial finance charges (total)	\$0.00
Total Loan Amount	\$25000.00

#### ABOUT YOUR INTEREST RATE

• Your rate is static. This means that your actual rate will not move lower or higher than the rate on this form.

repayment.

- No fees are associated with this loan. Failure to make payments once repayment has begun will result in accrual of interest.
- Pursuant to Section 71.93 of Wisconsin Statute, failure to maintain contact with the State of Wisconsin Higher Educational Aids Board office and / or failure to repay debt may result in having your debt referred to the Department of Revenue.

## **Estimated Repayment Schedule & Terms**

	MONTHLY PAYMENTS	
Loan Term: Maximum term - 10 Years from initial date of repayment term.	At 5% the current interest rate of your loan	◆ The maximum payoff date  may be reset based on
Becomes a loan if failure to work in a designated Health Shortage Area		individual circumstances.
Yearly submission of Status and Employment Verification form required	No payment required  (No interest will accrue during this time; post graduation	
<ul> <li>Post-graduation deferment period may be available upon request to the Higher Educational Aids Board office</li> </ul>	deferment period may be extended per administrative rules.)	■ Based upon a 5-year payoff schedule.
60 monthly payments	\$520.88	

<sup>\*</sup> A minimum monthly payment of \$50.00 is required.

#### **Private Education Loan Final Disclosure**

#### **REFERENCE NOTES**

#### **Bankruptcy Limitations**

 If you file for bankruptcy you may be required to pay back this loan.

#### Section 71.93 of Wisconsin Statute

 If your debt is referred to the Department of Revenue, a delinquent collection fee of 15% of the unpaid balance or \$35.00, whichever is greater, will be added to your account, forgiveness is terminated and interest will accrue at a rate of 5% annually until the amount due is paid in full.

#### Permanent disability or Death

 All obligations to repay the account shall cease upon proof of permanent disability or death.

#### **Repayment Options:**

- If not eligible for forgiveness, repayment will begin no sooner than six months after withdrawal or graduation.
- Conditions of forgiveness may allow for repayment to begin at a later date
- Post-graduation deferment period may be available upon request to the Higher Educational Aids Board office.

#### Prepayments:

· There is no penalty for early repayment.

#### Calculations:

 Loan repayment calculations contained within this disclosure do not account for forgiveness you may earn as set forth by the conditions of the Health Services Scholarship Program.