

NEOMED Primary Care Loan Program Truth-In-Lending Statement

Borrowers Name: _____

Annual Percentage Rate		Amount Financed	
The cost of your credit as a yearly rate.		The amount of credit provided to you	
Prior to Repayment	During Repayment	Award Year	Award Amount
0%	5%	2019-2020	
0%	5%	Previous Yearly Awards	
0%	5%	Cumulative Amount	

- I understand that the Annual Percentage rate of 5% will be the financial charge based on the unpaid balance and that it will begin to accrue twelve (12) months after I cease to be enrolled at least half time.
- I understand my first payment will be due at the end of my twelve (12) month grace period, and my minimum monthly payment will be at least \$40.00 per month. I understand the maximum repayment period is ten (10) years; therefore my monthly payment amount may be larger depending on the total size of my Primary Care Loan. Please refer to estimated chart below
- This Primary Care Loan is subject to delinquency and default charges as specified in the promissory note.
- The borrower may prepay all or any part of the principal plus interest at any time without penalty.
- This loan can NOT be consolidated with various other Federal Student Loans.
- This loan will be reported monthly to a National Credit Bureau or bureaus.

Total Principal Amount Borrowed and Projected Monthly Payment Amount					
Loan Amount	Payment			Total Interest Paid	Total Payment
	Per Month	Months	Years		
\$10,000	\$106.40*	120	10	\$2,768.40	\$12,768.40
\$15,000	\$159.10	120	10	\$4,092.00	\$19,092.00
\$20,000	\$212.30	120	10	\$5,455.60	\$25,455.60
\$25,000	\$265.16	120	10	\$6,819.20	\$31,819.20
\$30,000	\$318.20	120	10	\$8,184.00	\$38,184.30
\$35,000	\$371.23	120	10	\$9,547.60	\$44,547.60
\$40,000	\$424.26	120	10	\$10,911.20	\$50,911.20
*Minimum repayment \$40.00 per month – this represents an estimated repayment schedule					

Current Borrower's Contact:

Accounting Department
(330)325-6399

Send Payments and Correspondence To:

NEOMED
c/o ECSI
PO Box 718
Wexford, PA 15090

Signature of Borrower _____ Date: _____