



MINNESOTA DENTAL FOUNDATION

A practice of giving.

Martha Mordini Rukavina  
Loan Forgiveness Program

Information and Application Form  
2011

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## PURPOSE

The Martha Mordini Rukavina Loan Forgiveness Program is a competitive program to provide an incentive to attract dentists to practice dentistry in the Taconite Assistance Area (TAA) of northeastern Minnesota. The TAA is an area that has a documented need for dentists who will provide services to its communities and underserved populations. (See attached map.)

## APPLICANT ELIGIBILITY

- I. Applicant must hold a D.D.S. or D.M.D. or equivalent degree.
- II. Applicant must hold a license to practice dentistry in the State of Minnesota.
- III. Applicant must have documented educational debt held by the US Department of Education or a commercial lender. (Loans from family members or other non-institutional sources are not eligible for loan repayment assistance.)
- IV. Applicant must not already be in practice in the TAA.
- V. Applicant must commit to practice fulltime (average of 32 hours per week) in the TAA for 5 years from the date of receipt of the first installment of the forgivable loan.

## FUNDING

It is the intent of this program to make loan forgiveness funds available to two individual dentists that commit to practicing full time in the TAA. Forgivable loan amounts of up to \$120,000, not to exceed the applicant's documented outstanding debt, are to be dispersed at a rate of \$30,000 per year for four years. Failure of the recipients to maintain a fulltime practice in the dental shortage area of the TAA for a period of 5 years will result in a 100% forfeiture of all monies received. All recovered funds will be awarded to another individual using the same selection criterion.

## EVALUATION AND CRITERIA

Each applicant will be evaluated for selection based on information provided on their application and during their personal interview. The criteria will include but not be limited to: where the applicant intends to practice, the applicant's educational history, the applicant's grades, the applicant's written statement, and the applicant's previous experience. The Minnesota Dental Foundation, along with its selection consultants, reserves the right to determine the weighing of any criterion. All applications will be reviewed and forgivable loans awarded without reference to race, gender, disability or any other protected class status.

## APPLICATION PROCESS

Please submit completed applications to the Minnesota Dental Foundation. All application forms and information will be available on the Minnesota Dental Foundation website. All applications submitted for funding are evaluated on an individual basis.

The application should include:

- I. A completed program application form.
- II. Official transcripts from all Dental and Graduate schools attended.
- III. Resume outlining education, work and volunteer experiences.
- IV. Documentation of outstanding Student Loan Debt and any other loan repayment assistance.
- V. A written statement of no more than three pages stating why the applicant wishes to practice in the TAA, and how the applicant plans their career in their TAA practice.
- VI. A business plan, if applicable, to their TAA practice.
- VII. Any other letters, exhibits, or documents that support the application.



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## Application

### PERSONAL

First Name		Middle	Last	
Address		City	State	Zip
Telephone ( )	Cell Phone ( )	E-Mail		
Date of Birth			Birthplace	
Social Security Number				

### EDUCATION

UNDERGRADUATE SCHOOL:		
School	Dates attended	Degree
UNDERGRADUATE SCHOOL:		
School	Dates attended	Degree
UNDERGRADUATE SCHOOL:		
School	Dates attended	Degree
DENTAL SCHOOL:		
School	Dates attended	
Graduation Date	Degree	
GRADUATE SCHOOL:		
School:	Dates attended	
Graduation Date	Degree	

### FINANCIAL

EDUCATION COST (rounded dollars):	Undergraduate	Graduate/Dental
EDUCATION DEBT (rounded dollars):	Undergraduate	Graduate/Dental

### PROFESSIONAL PLANS

PRACTICE LOCATION:	City	Zip Code
Estimated Start Date		
Business Plan Attached <input type="checkbox"/>	Personal Statement Attached <input type="checkbox"/>	

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by the Minnesota Dental Foundation, I agree to provide additional verification as requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Taconite Assistance Area (TAA)

