



MINNESOTA DENTAL FOUNDATION

A practice of giving.

# Martha Mordini Rukavina Loan Forgiveness Program

## Information and Application 2015

For more information contact:

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Applications must be received by:

**September 15, 2015**

Send to:

Minnesota Dental Foundation

1335 Industrial Blvd.

Minneapolis, MN 55413

Fax: 612-767-8500

Email: [Foundation@mndental.org](mailto:Foundation@mndental.org)

## **PURPOSE**

The Martha Mordini Rukavina Loan Forgiveness Program is a competitive program to provide an incentive to attract dentists to practice general 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**

- Applicant must hold a D.D.S. or D.M.D. or equivalent degree.
- Applicant must hold a license to practice dentistry in the State of Minnesota.
- 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.)
- Applicant must not be in practice in the TAA at the time of application.
- Applicant must commit to practice full-time (at least four days per week) in the TAA for five 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 one dentist who commits to practicing general dentistry full-time in the TAA. Forgivable loan amounts of up to \$120,000, not to exceed the applicant's documented outstanding debt, will be dispersed at a rate of \$30,000 per year for four years, commencing 90 days after the first patient is seen. Failure of the recipient to maintain a full-time general practice in the dental shortage area of the TAA for a period of five years will result in a 100% forfeiture of all monies received. All recovered funds will be awarded to another individual using the same selection criteria. Applicant has 90 days from the letter of acceptance or the awarding of a license to practice dentistry in Minnesota to notify the Minnesota Dental Foundation of their intention to accept the forgivable loan.

## **EVALUATION AND CRITERIA**

Each applicant will be evaluated for selection based upon information provided on the application and during the personal interview. The criteria will include, but is not limited to where and how the applicant intends to practice, educational history, grades, written statement and previous experience. The Minnesota Dental Foundation, along with its selection consultants, reserves the right to determine the weighing of any criteria. 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 applications to the Minnesota Dental Foundation by September 15, 2015. Applications and information are on the Minnesota Dental Foundation's website, [mndentalfoundation.org](http://mndentalfoundation.org). All applications are evaluated on an individual basis. A personal interview may be conducted after a review of your written application. The application should include:

- A completed program application form.
- Official transcripts from all dental and graduate schools attended.
- Resume outlining education, work and volunteer experiences.
- Documentation of outstanding student loan debt and any other loan repayment assistance.
- 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.
- A business plan, if applicable, to the TAA practice.
- Any other letters, exhibits, or documents that support the application.



# MINNESOTA DENTAL FOUNDATION

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## Martha Mordini Rukavina Loan Forgiveness Program Application

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Educational Information

**Undergraduate School** \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

**Dental School** \_\_\_\_\_ Graduation Date \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Graduate School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

### Financial Information

Education Cost: Undergraduate \_\_\_\_\_ Graduate/Dental \_\_\_\_\_

Education Debt: Undergraduate \_\_\_\_\_ Graduate/Dental \_\_\_\_\_

### Professional Plans

Practice Location City \_\_\_\_\_ Business Plan Attached

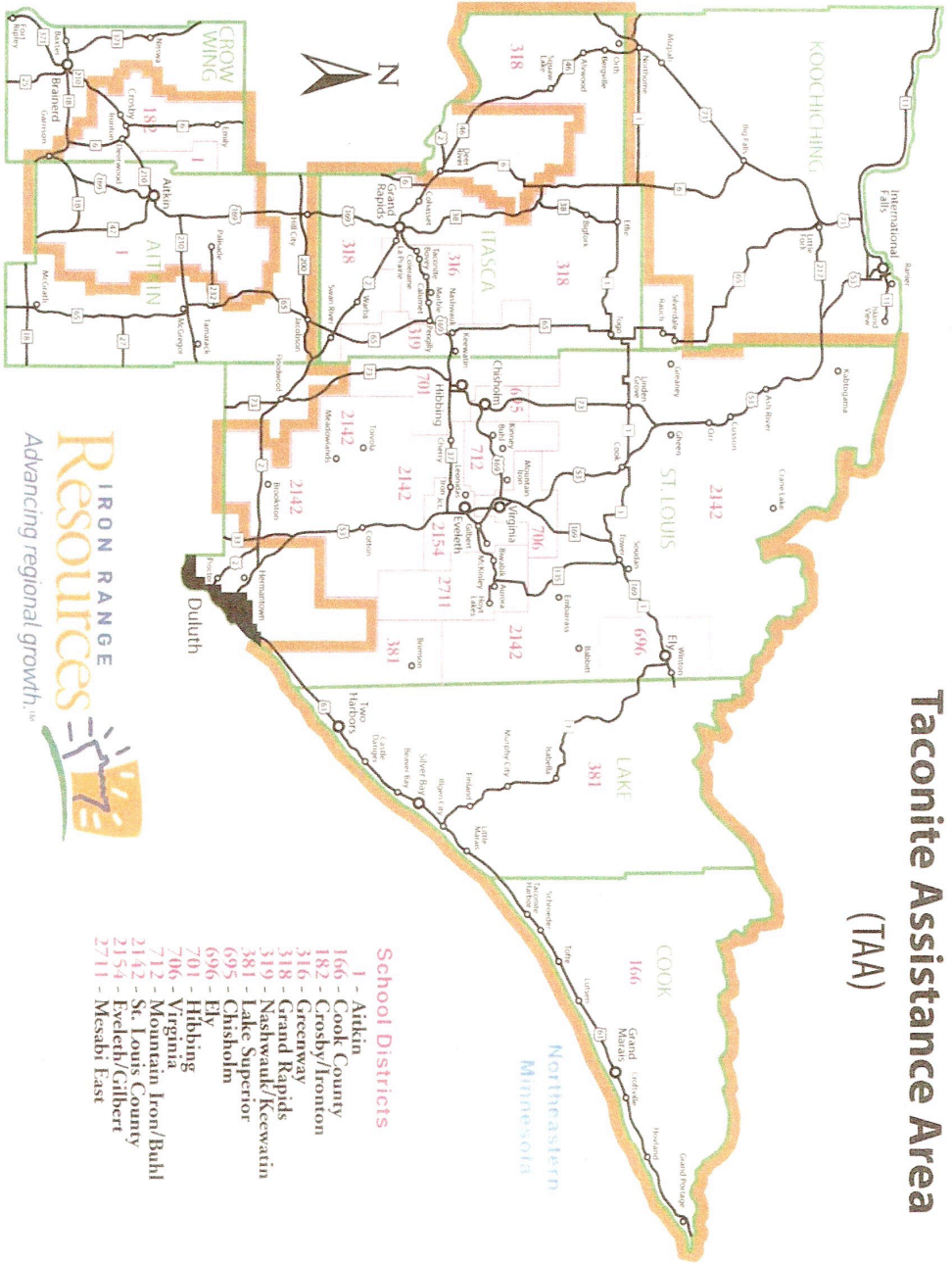
Estimated Start Date \_\_\_\_\_ Starting New Practice  Purchasing Existing Practice

Personal Statement Attached  Do you currently have a Minnesota Dental License? Yes  No

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. The Minnesota Dental Foundation does not provide advice on the tax implications of this loan.

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

# Taconite Assistance Area (TAA)



**IRON RANGE Resources**  
 Advancing regional growth.<sup>SM</sup>

### School Districts

- 1 - Aitkin
- 166 - Cook County
- 182 - Crosby/Ironton
- 316 - Greenway
- 318 - Grand Rapids
- 319 - Nashwauk/Keewatin
- 381 - Lake Superior
- 696 - Ely
- 701 - Hibbing
- 706 - Virginia
- 712 - Mountain Iron/Buhl
- 2142 - St. Louis County
- 2154 - Ely/Lehto/Gilbert
- 2711 - Mesabi East