



MINNESOTA DENTAL FOUNDATION

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Martha Mordini Rukavina Loan Forgiveness Program

Information and Application 2018

For more information contact:

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The application process will open January 17, 2018 and remain open as long as there are adequate uncommitted funds.

Send to the application and other materials to:

Minnesota Dental Foundation

1335 Industrial Blvd., Suite 200

Minneapolis, MN 55413

Fax: 612-767-8500

Email: 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 full-time 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.)

While there are no specific requirements as to the numbers or percentages of public care patients or uninsured patients that need to be seen, it is expected that recipients of Martha Mordini Rukavina Loan Forgiveness Program funds will see a significant number of these patients.

APPLICANT ELIGIBILITY

- Applicant must be a US Citizen or US Permanent Resident (Green Card holder).
- Applicant must hold a DDS or DMD or equivalent degree or plan on receiving one within 6 months of the application.
- Applicant must hold a license to practice dentistry in the State of Minnesota or plan on receiving one within 6 months of the application.
- 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 a 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 educational 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 as well as accrued interest. 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.

Once in practice, it is expected that the recipient will participate in at least one program of the Minnesota Dental Foundation such as Give Kids a Smile, Mission of Mercy or Donated Dental Services. Also, it is anticipated that the recipient will maintain membership in the Minnesota Dental Association, the American Dental Association and a component district dental society.

APPLICATION PROCESS

Please submit the completed application to the Minnesota Dental Foundation. Applications will remain open as long as there are available funds. Applications and information are available on the Minnesota Dental Foundation's website, mndentalfoundation.org. All applications are evaluated on an individual

basis. A personal interview may be conducted after review of your written application. The application should include:

- A completed, legible 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 what the applicant's specific career plans are for their practice in the Taconite Assistance Area.
- A business plan, if applicable, to the TAA practice.
- A least one letter of recommendation but no more than three letters.
- Any other letters, exhibits, or documents that support the application.

The application can be mailed, faxed or emailed to the Minnesota Dental Foundation to the address or fax or email address on the cover of this application. Receipt of the application will be sent to the applicant.



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 ☐

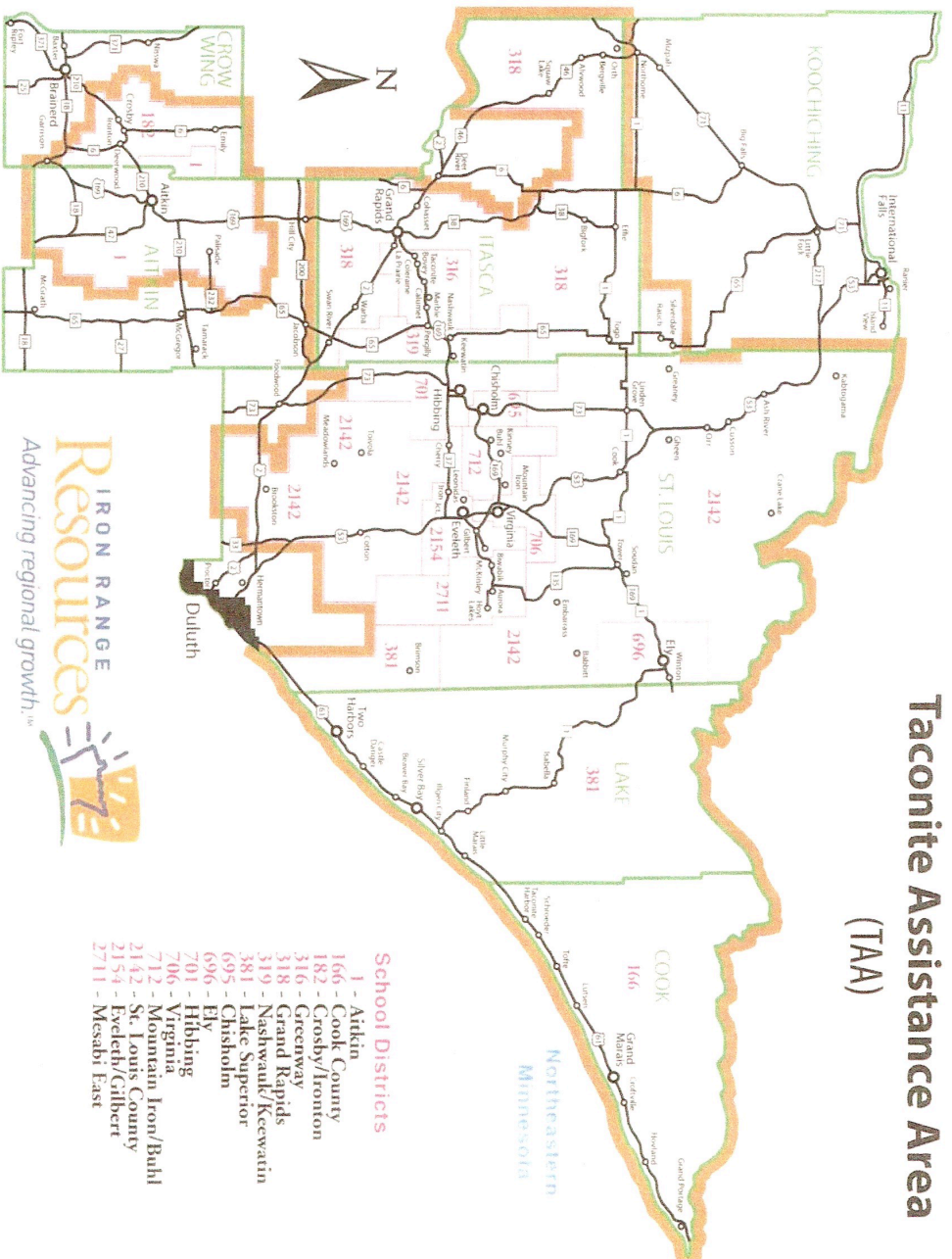
Estimated Start Date _____ Starting New Practice ☐ Purchasing/Joining Existing Practice ☐

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)



School Districts

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

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