



Kentucky Rural Veterinary Medicine Student Loan Repayment Program Application

Instructions: Complete the application and save an electronic copy or scan of the document. You also need a copy of your most recent student loan billing statement that shows the name of your student loan lender, the current balance owed and the payment address. Then go to kheaa.com and sign in to MyKHEAA. (If you do not have a MyKHEAA account, register to create one.) Once in MyKHEAA, go to KHEAA Document Upload and, using the Veterinary Contract Spaces portal, submit your completed application and your student loan billing statement. You will receive an email confirmation of receipt from KHEAA within 3 business days of submission. Questions regarding the program may be sent to studentaid@kheaa.com.

The submission deadline is June 15, 2026.

Section 1. Demographic Information

Applicant's name: First _____ Middle _____ Last _____ Suffix _____

Applicant's street address: _____

City: _____ State: _____ Zip: _____

Applicant's personal email: _____ Applicant's phone number: _____

Section 2. Education

Name of high school attended: _____

City/State where high school is located: _____

Year of high school graduation: _____ Name of undergraduate institution: _____

Undergraduate degree attained: _____ Major/field: _____

Name of institution conferring Doctor of Veterinary Medicine (DVM): _____

City/State of institution conferring DVM: _____ Year DVM attained: _____

Section 3. Practice Information

Current employment status:

I am currently the owner of the practice.

I am employed by a public entity or a private practice.

I intend to establish a new practice that I will own.

I intend to be employed by a public entity or a private practice.

Practice Name: _____

Practice mailing address: _____

City: _____ State: _____ Zip: _____

Practice email address: _____ Phone number: _____

KY counties served by practice: _____

Type of practice:

Dedicated food or fiber animal medicine

Dedicated equine medicine

Mixed animal medicine with a minimum of 50% of work dedicated to livestock in a veterinary shortage area

Mixed animal medicine with a minimum of 30% of work dedicated to livestock in an underserved rural area of Kentucky

Mixed animal medicine with less than 30% of work dedicated to livestock in an underserved rural area of Kentucky

The term "livestock" means bovines, equines, sheep, goats, swine, poultry, captured or cultivated aquatic species, farm-raised Cervidae and Camelidae, bees, and any other species used in the production of fiber, meat, eggs, honey, milk, and other animal food products.

Section 4. Financial

Name of student loan servicer: _____

Loan account number: _____ Current principal balance: _____

Payment address: _____

City: _____ State: _____ Zip: _____

Are you currently repaying the loan(s)? Yes No Does this loan information include a consolidation loan? Yes No

If no, are the loans in deferment or forbearance status? Yes No Are you in default on any Federal student loan obligation? Yes No

Are your payments up to date? Yes No Are you in default on any KHEAA-administered program obligation? Yes No

Does this loan information reflect balances owed for only Federal subsidized or unsubsidized Stafford or Direct Loans, or Graduate PLUS loans? Yes No

Section 5. Service obligations and other loan repayment

Do you owe a service payback obligation? Yes No

If yes, program name: _____

If yes, anticipated date obligation will be fulfilled: _____

Have you participated in or received loan repayment benefits through the U.S. Department of Agriculture National Institution of Food and Agriculture Veterinary Medical Loan Repayment program? Yes No

Section 6. Program Agreement

Instructions: Initial beside each statement below to confirm you understand and accept the conditions of the KY Rural Veterinary Medicine Student Loan Repayment Program (KRVMSLP). Then sign and date where indicated.

_____ I understand employment in a qualifying practice in either a designated veterinary shortage area or underserved rural area of Kentucky is required for a period of five (5) years in order to receive loan repayment benefits.

_____ I understand that, if I am awarded KRVMSLP benefits, I must continue to make monthly payments on my student loan and keep it in good standing.

_____ I agree that, if I am awarded KRVMSLP benefits, I will maintain an active license to practice veterinary medicine in Kentucky while in the program.

_____ I agree that, if I am awarded KRVMSLP benefits, I will work in a designated shortage or underserved area of Kentucky an average of forty (40) hours per week for a minimum of forty-eight (48) weeks per year.

_____ I understand that KRVMSLP benefits will be paid once per year following the completion of a year of qualified employment.

_____ I agree to contact KHEAA if I change my address, contact information, practice or employment location while participating in the KRVMSLP program.

_____ I agree that, if I am awarded KRVMSLP benefits, I will provide any documentation requested by KHEAA to confirm I have met the employment obligations of the program.

_____ I understand that, if awarded, my student loan repayment amount is subject to state and federal income tax.

Applicant's signature: _____ Date: _____