2024-2025
Borrower Eligibility Certification Form

Previously Discharged Loans
First Time Borrower at UM

Name: ____________________________________________ UM ID#: 790

I have attached a certification from a Doctor of Medicine or osteopath who is legally
authorized to practice in Montana that I can engage in substantial gainful activity. The
phrase “substantial gainful activity” means that I have physically recovered enough to
sufficiently be capable of attending school, successfully completing my program/degree
and secure employment to repay the new loan(s).

I also understand and acknowledge that these new loan(s) or TEACH Grant(s) cannot
be discharged in the future based on any condition existing now at the time these new
loan(s) or TEACH Grant(s) is/are made, unless that condition substantially deteriorates
to render me permanently and totally disabled.

Student Signature: _______________________________ Date: __________________

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