



Kentucky Office of Rural Health

## Kentucky State Loan Repayment Program Sponsor Application

*This application is only to be completed if the Sponsor of a KSLRP applicant is **not** the applicant's practice site. The application must be completed by the Executive Director/CEO of the sponsoring organization, or a legal representative.*

APPLICANT INFORMATION	
First Name	Last Name
Applicant's Practice Site	
Total Sponsorship Commitment (Annual Commitment x 2 years)	

SPONSOR ORGANIZATION		
Name of Organization		
Organization Physical Address		
Organization Mailing Address (If different from above)		
City	State	Zip Code
Name of Executive Director/CEO		Executive Director/CEO Phone Number
Executive Director/CEO E-mail Address		Executive Director/CEO Fax Number
Name of Board Chair (If applicable)		Board Chair E-mail Address (If applicable)

**LEGAL REPRESENTATIVE INFORMATION**

*By signing below, the organization listed above agrees to provide the above named applicant with the total contribution listed above, divided over the contract period.*

Name

Title

Signature

Date