



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 Financial Commitment (Annual Commitment x Number of Years of KSLRP Contract)	

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