



**CERTIFICATION OF
SCHOOL LOAN**
OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM

Oklahoma State Dept. of Health
Dental Health Service
1000 N.E. Tenth Street
Oklahoma City, OK 73117-1299
405-271-5502
<http://den.health.ok.gov>

Applicant Information (Please type or print in black or blue ink.)

Last Name	First Name	MI
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(COPY THIS PAGE IF NECESSARY TO LIST ADDITIONAL EDUCATIONAL DEBT) **If you have more than one educational loan with a particular lender, please total the amount of loans with that lender and record a combined figure.**

Lending Institution: _____

Account Number: _____

Month and Year loan repayment started/will start: _____

\$ _____	_____	_____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

Lending Institution: _____

Account number: _____

Month and Year loan repayment started/will start: _____

\$ _____	_____	_____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

Lending Institution: _____

Account number: _____

Month and Year loan repayment started/will start: _____

\$ _____	_____	_____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

