

## Congratulations on your MA Repay Award!

To receive and retain your award, you must adhere to the terms of your Awardee Contract for a 4-year service commitment. Below are key requirements to ensure compliance.

### KEY REQUIREMENTS:

#### Sign Your Contract

Carefully review your Awardee Contract to understand all requirements, then sign and submit it by the specified date.

### EMPLOYMENT REQUIREMENTS:

#### Maintain Eligible Employment

To receive a student loan repayment award, you must maintain eligible employment, as outlined in your Awardee Contract. You may change employment organizations no more than **twice** during your service commitment.

#### Contact the Mass League Before Changing Your Employment

If you change employer organizations, become laid off or unemployed, reduce your weekly hours, or take a leave of absence (including family or medical leave) during your service commitment, you must notify the Massachusetts League of Community Health Centers (Mass League) immediately. Contact the Mass League before changing your employment status to ensure your continued eligibility.

### REQUIRED ELIGIBILITY VERIFICATION:

#### Eligibility Verification Form:

Before your award disbursement, you must complete the Eligibility Verification Form with updated loan and employment information by the specified date. Your award will only be disbursed to your loan servicer(s) once this form is submitted and approved.

#### Annual Employment Verification:

After receiving your award disbursement, you must complete annual employment verification by the specified deadlines to maintain eligibility.

#### Information Requests:

Respond promptly to all Mass League requests and update your contact information as needed. Failure to meet deadlines may result in contract termination and loss of your award.

You may use the checklist below to track your progress. Please review your contract to confirm when year 1 began.

Year 1	Complete Eligibility Verification Form	<input type="checkbox"/>	Date Completed: _____
Year 2	Respond to Annual Employment Verification	<input type="checkbox"/>	Date Completed: _____
Year 3	Respond to Annual Employment Verification	<input type="checkbox"/>	Date Completed: _____
Year 4	Respond to Annual Employment Verification	<input type="checkbox"/>	Date Completed: _____
	Discharged from Program <i>*If applicable*</i>	<input type="checkbox"/>	Discharge Date: _____
Year 5 <i>*If applicable*</i>	Respond to Annual Employment Verification	<input type="checkbox"/>	Date Completed: _____
	Discharged from Program <i>*If applicable*</i>	<input type="checkbox"/>	Discharge Date: _____

**Failure to comply with these steps may result in a breach of contract, requiring you to repay a prorated portion of your award to the Mass League.**

Thank you for your commitment to providing essential care in Massachusetts. If you have any questions about this award or the contract, please contact the Mass League through [our website](#) or at [833 - MA REPAY](#).