



EMERGENCY LOAN APPLICATION

(PLEASE PRINT LEGIBLY OR TYPE)

FAMILY NAME FIRST MIDDLE EMPL I.D.

LOCAL HOME ADDRESS AND PHONE NUMBER (DO NOT USE YOUR DEPARTMENTAL ADDRESS)

DEPARTMENT EMAIL

Emergency loans are intended to help students with unexpected financial crises. Please indicate the nature of your emergency. If 'other', please explain in the space provided.

- ILLNESS OR MEDICAL EXPENSES OR INSURANCE OTHER
DEATH IN THE FAMILY
LEGAL EXPENSES
FUNDING DELAYS
FAMILY JOB LOSS

Amount requested: \$ (limit)

How do you plan to repay this loan?

The above information is true and complete to the best of my knowledge. I understand that any deliberate falsification or fraudulent information submitted will be due cause for the loan to be denied or to become immediately due and payable in full if previously granted.

APPLICANT'S SIGNATURE DATE

Are you a new student? Yes No If yes, please obtain the signature of the DGS or department staff member.

DEPT NAME AND SIGNATURE DATE