



EMERGENCY LOAN APPLICATION & PROMISSORY NOTE

Loan Amount (\$2,500 maximum)	
Student Name	
Student ID#	
Program/Graduation Year	
Mailing Address	
City, State, Zip Code	
Telephone #	
Please describe the emergency:	

STUDENT RESPONSIBILITIES (please initial)

_____ I am submitting a completed loan application request to the Bursar's Office and understand that an incomplete application will not be reviewed for consideration.

_____ I understand that repayment is required within 90 days of loan approval.

_____ I understand that failure to pay my loan within 90 days of loan approval will result in records and registration holds on my account.

_____ I understand that a late fee of \$10 per month will be assessed on this loan, if not paid by the due date.

_____ I understand that there are no extensions on this loan should I become unable to pay on the due date.

PROMISSORY NOTE

I agree to the terms listed above and agree to pay the emergency loan balance in full within 90 days of the loan approval.

Financial aid students only – I authorize Western University of Health Sciences to apply my federal student financial aid to pay off my emergency loan balance in full. I understand that this authorization will remain in effect from the day this form is received and will remain in effect until the emergency loan is paid in full on or before ___/___/____. I also understand that the emergency loan can not exceed \$2,500 or 25% of my expected financial aid refund (whichever is less).

I have read, understand, authorize, and agree to the terms of this emergency loan.

Student Signature

Date

BURSARS OFFICE USE ONLY

Loan Decision	APPROVED/DENIED Amount:
Processed By	
Process Date	
Loan Repayment Due Date	
Loan Fund	