**Application**

|  |  |
| --- | --- |
| Loan Amount |   |
| Name |   |
| Student I.D. Number |   |
| Program/Graduation Year |   |
| Mailing Address |   |
| City, State & Zip Code |  . |
| Telephone Number |   |
| Please Describe the Emergency: |   |

**Student Responsibilities**

1. Applications are approved by the Bursar’s Office.
2. Repayment is required within 90 days or upon receipt of any financial aid funds, whichever occurs first.
3. Registration materials, transcripts, and diplomas will be held until delinquent loans are paid.
4. A late fee of $10 per month will be assessed on all delinquent loans.
5. There are no extensions on these loans.

**Promissory Note**

I agree to the terms listed above. I also agree to have the emergency loan in the amount of $ repaid out of my financial aid proceeds on or before .

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

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Student Signature Date

**Completed by the Bursar’s Office**

|  |  |
| --- | --- |
| Loan Amount |  . |
| Loan Approved By |   |
| Date |   |
| Loan Repayment Date |   |
| Loan Fund | Choose an item. |