



# Emergency Loan Form

2026-2027 Academic Year

Student Name (please print): \_\_\_\_\_ Student ID: \_\_\_\_\_

To be granted an Emergency Loan, you **must be** enrolled in the current semester and receive financial aid. Please return this form to the Financial Aid Office.

Date: \_\_\_\_\_ Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer 20\_\_\_\_

Purpose of Loan \_\_\_\_\_

Amount Requested (not to exceed \$500.00) \_\_\_\_\_

Employer \_\_\_\_\_

Student's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Name (if student is dependent) \_\_\_\_\_

Parent's Address \_\_\_\_\_

This agreement is for an "emergency loan" (or advance) of my financial aid refund due to the above-mentioned "purpose". Eligibility has been determined based on the students' enrollment status and their estimated financial aid refund. The amount advanced to the student cannot exceed 50% of the available financial aid funds, not exceeding \$500.00.

I agree to inform the Office of Financial Aid if I make any changes to my schedule which can affect my eligibility for a financial aid refund.

I understand and agree that the emergency loan funds for which I am approved will have to be repaid in full; approximately thirty days from the date signed on this promissory note. If this amount cannot be satisfied via the excess financial aid funds on my student account, I understand I am still responsible for repayment of this emergency loan. If these funds are not paid by the date specified above, it will be turned over to a debt collection agency by SPCC's Business Office.

### Certification and Signature

I certify that the information reported on this worksheet is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Staff Signature

\_\_\_\_\_  
Date