



# Emergency Loan Form

2022-2023 Academic Year

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

In order 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 \_\_\_\_\_ Year: 20\_\_\_\_\_

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

Amount Requested (not to exceed \$150.00) \_\_\_\_\_

Employer \_\_\_\_\_

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

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

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

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

I understand and agree that the Student Emergency Loan Funds in the amount of \$\_\_\_\_\_ will have to be repaid in full, thirty days from the date signed on this promissory note. I understand that if these funds are not paid by the date specified above that it will be turned over to a collection agency. Also, the college may withhold the borrower's transcript and admission to subsequent terms and graduation may be denied pending repayment of the amount loaned to the student.

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

\_\_\_\_\_  
Financial Aid Technician's Signature Date