



Emergency Loan Form

2016-2017 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: _____ Spring _____ Fall _____ Summer _____ 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