



EMERGENCY LOAN APPLICATION & PROMISSORY NOTE

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|--------------------------------|--|
| 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 the maximum amount of my federal student financial aid that can be applied to my 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 | |