



EMERGENCY LOAN APPLICATION & PROMISSOR NOTE

Loan Amount (\$2,500 maximum)	
Student Name	
Student ID#	
Program/Graduation Year	
Mailing Address	
City, State, Zip Code	
Telephone#	
Please describe the emergency:	

STUDENT RESPONSIBILITY (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.

PROMISSOR 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 student 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 loan cannot

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

BURSAR OFFICE USE ONLY

Loan Decision	APPROVED/DENIED Amount:
Processed By	
Process Date	
Loan Repayment Due Date	
Loan Fund	