

**EMERGENCYLOANAPPLICATION**

*Loans will be made to students who are attending classes or servicing externships at the time of disbursement of funds. Students not meeting Satisfactory Academic Progress (SAP) may not be eligible to apply. All Emergency Loans must be paid in full before registration or graduation.*

REASON FOR EMERGENCY LOAN:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to repay this loan in the amount of $ \_\_\_\_\_\_\_\_\_, to the University of North Texas Health Science Center at Fort Worth (“UNTHSC”) when other financial aid/resources become available, or 90 days from the date of this note, whichever comes first. I understand that it is my responsibility to make sure that any financial aid / resources received covers the amount due on my student account, including interest charges. I also understand an interest rate of 5% per annum, compounded monthly, will be charged immediately upon issuance of the loan. I also understand that UNTHSC will place for collection any delinquent balance and that I will be responsible for all costs of collection and enforcement, including reasonable attorney’s fees and court costs, in addition to other amounts due. Collection charges should not exceed 30% of the sum of the amount of the obligation and any interest due on the obligation. I certify the proceeds from this loan will be used for emergency expenses only and will not be used for vacation, summer or other holiday expenses. In the event any financial aid funds have been deposited to my student account, I give my permission for those funds to be applied to this loan.

\*\*Emergency Loans will be processed within 24 to 48 hours. If the loan application is received prior to 11:00 a.m. CST, it will be processed same day. \*\*

**My signature certifies I have read and agree with the terms and conditions of this application.**

***Student Signature Student ID# Date***

***Street Address City, State, Zip Code***

***Daytime phone number E-mail***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Emergency Loan:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waive Interest (\*requires approval): Yes No**

Signature approval from Financial Aid Director

\*only if interest waived

Signature approval from Financial Aid Office Signature approval from Student Financials