EMERGENCY LOAN APPLICATION

Loans will be made to students who are attending classes or servicing externships at the time of disbursement of funds. 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 when other financial aid /resources become available *or* **90** days from the date of this note, whichever comes first. I also understand an interest rate of 5% per annum, compounded monthly, will be charged immediately upon issuance of the loan. I understand that the University 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 also 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 financial aid funds have been deposited to my student account, I give my permission for those funds to be applied to this loan.

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

_____

Student Signature ***Student ID#***

_____

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