

## EMERGENCY STUDENT LOAN APPLICATION

*Please Print*

Last Name, First Name, Middle Initial	Social Security #	Date of Application		
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Local Address: Street	City	State	Zip	Phone
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Name of Next of Kin \_\_\_\_\_

Address: Street	City	State	Zip	Phone
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Are You Employed? Y <input type="checkbox"/> N <input type="checkbox"/>	# Hours Per Week	Hourly Wage
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Employed By	Phone #
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Do You Receive Scholarship Aid? Y <input type="checkbox"/> N <input type="checkbox"/>	Source	Amount
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Outstanding School Loans	School	Expected Graduation Date
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Veteran? Y <input type="checkbox"/> N <input type="checkbox"/>	Age	Class Fr. <input type="checkbox"/> So. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad. <input type="checkbox"/>
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Loan Amount Desired (Maximum \$200) \$	Have You Received Previous Loans From This Office? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason For Loan Request	How Do You Plan To Repay This Loan?
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In submitting this application, I understand the information and I fully realize my obligation to repay the loan in accordance with the regulations of the fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

FOR ADMINISTRATIVE USE ONLY

Loan Granted       Loan Refused

\_\_\_\_\_  
Authorization

Comments \_\_\_\_\_