UNIVERSITY OF IDAHO EMERGENCY SHORT TERM EDUCATIONAL LOAN APPLICATION

Student Name _____ Student ID # _____ Phone #_____
Last First Middle

Social Security # _____ Birth date _____ Have you received a short term loan before? [ ] Yes [ ] No

If married, spouse's name _____ Student ID # _____ Phone #_____

Local Address _____
Street City State Zip

Employer, if applicable _____ Phone # _____

Amount Requested $ _____ Requested Repayment Date _____ /_____ / _____ (maximum of 90 days from approval date)

Reason for requesting the loan. Indicate (i) specific items and amounts for which the money is intended, (ii) how these items materially impact your ability to continue your education at UI, and (iii) why you do not have sufficient money for these items.

_____
_____
_____

How do you plan to repay this loan? *Financial Aid is **NOT** an acceptable form of repayment.*

_____
_____

Monthly Resources

Financial Aid:	$
Student's Net Wages	$
Spouse's Net Wages	$
Veteran's Benefits	$
Cash from Parent/Guardian	$
Assistantship	$
Untaxed Benefits	$
Savings	$
Other:	$
TOTAL	$

Monthly Expenses

Rent/Mortgage	$
Utilities	$
Groceries/Meals	$
Transportation (gas, insurance, etc.)	$
Child Care	$
Personal Expenses	$
Medical/Dental	$
Other:	$
Other:	$
TOTAL	$

References: List two references that have known you for at least 3 years and have separate U.S. addresses. Family members are preferred as a first choice.

Name	1. _____	2. _____
Permanent Street Address	_____	_____
City, State, Zip Code	_____	_____
(Area Code) Phone	(_____)_____	(_____)_____
Relationship to you	_____	_____

My signature certifies that I have read, understand, and agree to the information and repayment terms listed on the front and the back of this form. I understand that this loan is a University of Idaho educational loan that does not qualify for Federal Loan Consolidation and that is not dischargeable in bankruptcy absent an undue hardship determination by the court.

Signature of Borrower _____ **Date** _____

Please fill turn over and fill out the back side

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PROGRAM DESCRIPTION: The Emergency Short Term Educational Loan Program is designed to help students with ***unexpected*** or ***emergency-related*** situations that materially impact the student's ability to continue his/her education at UI. The maximum amount that a student may borrow during a semester will be $600. Students who are approved to borrow under this program must meet specific guidelines. Repayment of the loan must be made within 90 days. This program cannot be used to pay tuition or fees.

TERMS: The maximum loan amount is $600; however, this limit may be increased during the first two weeks of the semester. The interest rate is 7% per annum on the unpaid principal balance. If you are unable to repay this loan by the due date, you may negotiate an extension with the Student Accounts Office.

STUDENT ELIGIBILITY CRITERIA: Read the following eligibility criteria and initial on the line to show that you meet the criteria.

_____ 1. Students must submit the completed application to the Student Financial Aid Office. The student must indicate on the application the reason for the loan and the source and date of repayment.

_____ 2. Students must be enrolled on at least a half-time basis. Half time enrollment is a minimum of six (6) credit hours for undergraduates and five (5) credit hours for graduates.

_____ 3. Students must have completed previous semesters with a 2.0 GPA.

_____ 4. Students must have a satisfactory repayment rating with the university.

RIGHTS AND RESPONSIBILITIES: Please initial on the line to show that you understand your rights and repayment responsibilities of this short term educational loan.

_____ 1. I will use the funds only on expenses that serve an educational purpose and are reasonably required for me to continue my education at UI. This loan is an educational loan that is not dischargeable in bankruptcy absent an undue hardship determination by the court.

_____ 2. The loan must be repaid within ninety (90) days from the issue date.

_____ 3. If I fail to repay this loan as scheduled or to arrange for an extension of the repayment with the Student Accounts Office, UI has the right to use a professional collection agency. I will be held responsible for paying all the principal, interest, and reasonable collection costs incurred by the University to collect on this loan.

_____ 4. If I fail to repay this loan as scheduled with the Student loan office, it will result in the Student Accounts Office putting a hold on future registration; withholding official copies of my transcript, withholding my diploma, and denying me further financial aid.

_____ 5. If I fail to repay this loan as scheduled or to arrange for an extension of the repayment with the Student Accounts Office, I know that I am jeopardizing my future eligibility for short term loans from the University of Idaho.

_____ 6. I must notify the Student Accounts Office of any name/address changes.

_____ 7. I must notify the Student Accounts Office if I have difficulties with the repayment of this loan. I understand that I can request an extension on payments and that an extension may not lift any holds on my account.

Short Term Educational Loan Payments may be made at the Student Accounts/Cashiers' window or mailed to:

Student Loan Office
University of Idaho
875 Perimeter Drive MS4291
Moscow, ID 83844-4252
(208) 885-6760

Denied _____ / _____ / _____Reason: _____

Fund _____ Amount $_____ Approved _____ / _____ / _____Due Date _____ / _____ / _____

Authorization_____