UNIVERSITY OF IDAHO EMERGENCY SHORT TERM EDUCATIONAL LOAN APPLICATION

Student Name	Have you received a short term loan before Student ID # Phone #	pre? [] Yes [] No			
If married, spouse's name	Student ID # Phone #	žZip			
	City State	Zip			
Local Address		•			
Local Madi Coo		•			
Local AddressStreet	Phone :				
Employer, if applicable		#			
Amount Requested \$ Requested Repayment Date	// (maximum of 90 days	s from approval date)			
Reason for requesting the loan. Indicate (i) specific items and am materially impact your ability to continue your education at UI, a	· · · · · · · · · · · · · · · · · · ·				
How do you plan to repay this loan? Monthly Resources Monthly Expenses					
Financial Aid: \$	Rent/Mortgage	\$			
Student's Net Wages \$	Utilities	\$			
Spouse's Net Wages \$	Groceries/Meals	\$			
Veteran's Benefits \$	Transportation (gas, insurance, etc.)	\$			
Cash from Parent/Guardian \$	Child Care	\$			
Assistantship \$	Personal Expenses	\$			
Untaxed Benefits \$	Medical/Dental	\$			
Savings \$	Other:	\$			
Other: \$	Other:	\$			
TOTAL \$	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 form. I understand that this loan is a University of Idaho educational dischargeable in bankruptcy absent an u					

Please 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 unless there is an unusual circumstance. Students who are approved to borrow under this program must meet specific guidelines. Repayment of the loan must be made within 90 days.

TERMS: The maximum loan amount is \$600; however, this limit may be increased upon special consideration of the Financial Aid Office. 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.

STUDEN	NT EL	IGIBILITY CRITERIA: Read the following	eligibility criteria and initial on the line to show that you meet the criteria.		
		itudents must submit the completed ap Dication the reason for the loan and the	plication to the Student Financial Aid Office. The student must indicate on the e source and date of repayment.		
			half-time basis for the term in which the loan is requested. Half time enrollment dergraduates and five (5) credit hours for graduates.		
	3. 9	tudents must have completed previous	s semesters with a 2.0 GPA.		
	4. 9	tudents must have repaid prior short to	loans unless a special circumstance is approved by the Financial Aid Office.		
		RESPONSIBILITIES: Please initial on th rm educational loan.	e line to show that you understand your rights and repayment responsibilities of		
	1.		hat serve an educational purpose and are reasonably required for me to continue ucational loan that is not dischargeable in bankruptcy absent an undue hardship		
	2.	The loan must be repaid within ninety	(90) days from the issue date.		
		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 puttin 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.	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.			
	9	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 MS4252 Moscow, ID 83844-4252 (208) 885-7447		
Denied		//Reason/Comments:			
Fund		Amount \$	Approved / / Due Date / / /		
□ Due 1	to de	elay in financial aid loan approved witho	out monthly expenses and resources.		

Authorization

2nd Authorization (IF NEEDED)