Short Term Loan Application

Students who are currently enrolled at the Health Sciences Center may apply for a short term loan to help with expenses such as books, supplies, or other necessities to attend school. Please read this information carefully and submit a signed copy with your short term loan application.

- Approval for a short term loan is based on the availability of funds at the time the application is received.
- Students who currently owe a past due balance on a previous short term loan must pay their past due balance in full before applying for a short term loan.
- Students may not apply for a short term loan less than 30 days prior to graduation.
- In order to be considered, this loan application must be filled out completely, including the reference information and how the loan will be repaid.
- Failure to repay a short term loan by the due date will result in a hold being placed on your record. This hold could prevent class registration, transcript requests, and release of your diploma.
- This short term loan is not considered financial aid. If you wish to apply for financial aid please submit the Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ed.gov.

By signing below I agree that I have read and understand the information stated above.

Student Signature ___________________________________________ Student ID Number __________________________ Date Signed __________________________
Short Term Loan Application

Student Information

Full Name: ____________________________________________________________

Last                        First                        M.I

Address: 

Street Address: ______________________________________________________

City                        State                        Zip Code

Home Phone: (____)_________________________  Student ID or Social Security Number: ____________________________

Birth Date: ___________________  Marital Status: ___________________  Spouse’s Name: ____________________________

Spouse’s Employer: __________________________________________________

Spouse’s Work Phone: (____)_________________________

Reference Information

Full Name: ____________________________________________________________

Last                        First                        M.I

Address: 

Street Address: ______________________________________________________

City                        State                        Zip Code

Home Phone: (____)_________________________  Alternate Phone: (____)_________________________

Loan Information

Max Amounts: GSBS/Medicine $1,500; Pharmacy $1,000; Nursing/Allied Health $500  Amount Requested: ____________________________

Terms Preferred: (Circle One)  30 Days / 60 Days / 90 Days  What will the loan be used for? __________________________________________________________

How will you repay the loan? __________________________________________________________

Student Signature: ___________________________________________  Date: __________

For Office Use

Considered By: _______  Approved Date: _______  Amount: _______  Voucher #: _______

STL Due Date: _______  Terms: _______  %: _______  Prom Note Due Date: _______

Loan Fund & Account: __________________

Comments: __________________________________________________________

Please return your application to the Financial Aid Office via:

Mail:   TTUHSC Financial Aid Office
        3601 4th Street, MS 8310
        Lubbock, TX 79430-8310

Email:   financial.aid@ttuhsc.edu

Fax:  806-743-3027