



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
 Student Financial Aid

**Emergency Short Term
Loan Application**

Student Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Student ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

School Information

School & Classification: _____ Grad Date: _____

Reference Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Loan Information

Amount Requested: \$ _____ Max amounts per school: AH/NURS \$500; SOP \$1000; SOM/GSBS \$1500
 Terms Preferred: () 30 days; () 60 days; () 90 days

Reason for lack of funds/How will you repay loan? _____

Outstanding short term loan? _____ Amount and due date: _____

Student Signature _____ **Date of request:** _____

For Office Use

Considered by: _____ Loan Fund & Account #: _____

Approved/Denied Date: _____ Terms: _____ %: _____

Amount: _____ Voucher #: _____ Due Date: _____

Comments: _____