

UPIKE Graduate & Health Professions EMERGENCY LOAN APPLICATION

STUDENT NAME: _____
Last Name
First Name
Middle Initial

UPIKE ID NUMBER: _____ | SCHOOL: __KYCOM__ KYCO |

PLEASE EXPLAIN YOUR NEED FOR AN EMERGENCY LOAN:

LOAN AMOUNT REQUESTED: \$ _____

TERMS AND REPAYMENT OF EMERGENCY LOAN

- This is a short-term loan based on future financial aid disbursement and is meant to be used for exigent circumstances. Students must be in good academic and financial standing with the institution to be eligible to receive an Emergency Loan.
- Funds dispersed as an Emergency Loan will be added to the student's account balance and must be repaid per UPIKE policy. **Students are strongly encouraged to speak with the Financial Aid Office and the Business Office before submitting this application if they have questions regarding how an Emergency Loan will affect their financial aid and student account balance.**
- Students may request no more than two Emergency Loans per fiscal year (July 1st to June 30th) and each request is limited to no more than \$2,000. Students may borrow a maximum of \$4,000 per fiscal year.
- Approved Emergency Loan funds will generally be dispersed to the student within two weeks of their submitted request. The funds will be deposited into the student's bank account on file (the same one where refunds are deposited) via electronic funds transfer.

SUBMISSION INSTRUCTIONS

Carefully read and complete this form. By submitting this form, you are acknowledging that you understand and agree to the terms and repayment process of this loan. **Return completed forms to the Graduate & Health Professions Student Affairs office, Coal Building 503.**

Student Signature

Date

OFFICE USE ONLY

Graduate & Health Professions Student Affairs: Student is in good academic standing: _____ _____ David A. Falletta, Director of Student Affairs and Academic Excellence, KYCOM, GHPSA	Financial Aid Office: Student has financial aid available: _____ _____ Teresa L. Jones, Assoc. Director of Student Financial Services
Business Office Approval: _____ Brandi Gollihue, Assoc. V.P. of Business Affairs	Projected Date of Repayment: _____ / ____ / ____