UPIKE Graduate & Health Professions **EMERGENCY LOAN APPLICATION**

STUDENT NAME:		
Last Name	First Name	Middle Initial
UPIKE ID NUMBER: S	CHOOL:KYCOM_ X_KYCO	
PLEASE EXPLAIN YOUR NEED FOR AN EMERGENCY LOAN:		
LOAN AMOUNT REQUESTED: \$		
	DAN financial aid disbursement and is meant to be used academic and financial standing with the institutio	
UPIKE policy. Students are strongly end	will be added to the student's account balance and couraged to speak with the Financial Aid Office on if they have questions regarding how an Embalance.	and the Business
	Emergency Loans per fiscal year (July 1st to June 3 may borrow a maximum of \$4,000 per fiscal year.	0th) and each request is
	nerally be dispersed to the student within two week ent's bank account on file (the same one where refu	
	mitting this form, you are acknowledging that you understood Return completed forms to the Graduate & Head	
Student Signature	 Date	
	OFFICE USE ONLY	
KYCO Student Affairs: Student is in good academic standing:	Financial Aid Office: Student has financial aidavailable: _	
Josh Justice, Director of Student Affairs & Academic Excellence	Teresa L. Jones, Assoc. Director of Services	Student Financial
Business Office Approval:	Projected Date of Repayment:	