

UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

EMERGENCY LOAN APPLICATION

STUDENT NAME: _____ UPIKE ID NUMBER: _____

Last Name
First Name
Middle Initial

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. Students seeking an Emergency Loan during their last academic year are subject to additional financial review by the Business Office. Emergency Loans will not be approved during a student’s final semester.
- 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 are limited to one Emergency Loan per semester, and no more than two Emergency Loans per fiscal year (July 1st to June 30th). Each term is limited to no more than \$2,000. Students may borrow a maximum of \$4,000 per fiscal year.
- Students in their final term cannot take an emergency loan. Students in the term before their final term will have additional information requested and approval is not guaranteed.
- 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 KYCOM Student Affairs office.**

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

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:

_____/_____/_____
