



EMERGENCY LOAN APPLICATION

Loans will be made to students who are attending classes or in an internship at the time of disbursement of funds. Students not meeting Satisfactory Academic Progress (SAP) may not be eligible to apply. All Emergency Loans must be paid in full prior to registration or graduation.

REASON FOR EMERGENCY LOAN:

I _____, hereby agree to repay this loan in the amount of \$ _____, to the University of North Texas Health Science Center at Fort Worth ("UNT Health"). This loan will be paid when other financial aid/resources become available, or 90 days from the date of this note, whichever comes first.

- ☐ I understand it is my responsibility to make sure any financial aid/resources received will cover the amount due on my student account, including interest charges.
- ☐ I understand an interest rate of 5% per annum, compounded monthly, will be charged immediately upon issuance of the loan.
- ☐ I understand UNT Health will place a collection hold on my account for any delinquent balance. I will be responsible for all costs of collection and enforcement, including reasonable attorney's fees and court costs, in addition to other amounts due. Collection charges should not exceed 30% of the sum of the amount of the obligation and any interest due on the obligation.

I _____, certify the proceeds from this loan will be used for emergency expenses only and will not be used for vacation, summer or other holiday expenses. In the event any financial aid funds have been deposited to my student account, I give my permission for those funds to be applied to this loan.

☐ Copy Received

My signature certifies I have read and agree with the terms and conditions of this application.

Student Signature

Student ID#

Date

Street Address

City, State, Zip Code

Daytime phone number

E-mail address

Signature approval from Financial Aid Office

Signature approval from Student Finance