



Office of Student Accounts

Short Term Emergency Loan Application

NAME _____ BANNER ID # _____
Local _____ Permanent _____
Address _____ Address _____

Telephone () _____ Telephone () _____
Email _____
address: _____

Amount requested (up to \$1,000 of your anticipated refund): \$ _____
Purpose of the loan funds (required): _____

I understand that this loan represents an advance of my anticipated financial aid refund, and by signing this application, authorize the use of my Federal Title IV Funds to pay for this loan. I accept responsibility for the repayment of the loan if there is a change in my aid package that results in my aid no longer covering the loan for me. I authorize the Office of Student Accounts to apply any credit balance on my student account from financial aid or other resources to repay this loan in full. If I wish to rescind this loan, I may do so by making the request in writing and accompanying the request with payment in full with guaranteed money (Visa, MasterCard, Discover, cash, money order, or certified check).

I understand that if it does become necessary for me to repay the loan that it will become subject to the standard student bill collection policy of SUNY Brockport. I understand that bills that are not paid or responded to by the due date are subject to late payment fees and/or collection proceedings. If my account is referred for collection, either to a private collection agency or to the New York State Attorney General, additional amounts for collection commissions and legal costs may be added to my bill.

I DECLARE THAT ALL OF THE INFORMATION WHICH I HAVE FURNISHED ABOVE IS TRUE AND ACCURATE.

Student Signature _____ Date _____

Parent's Signature (required for PLUS loan applicants only) _____ Date _____

For Office Use Only:

Approved or Denied (circle one) By: _____ Date: _____

Invoice # _____ Loan amount: \$ _____ Check or direct dep. # _____

Special conditions or reason(s) for denial: _____

