



Applicant

Last Name: _____ First Name: _____ Middle initial: _____

Program: _____

Phone: _____ Email address (must end in "emory.edu"): _____

Mailing address: Street or PO Box: _____, City _____, State _____, Zip _____

EmplID: _____

Are you a veteran student? Yes No *(If Yes, contact Sylvia Harris, Office of the Registrar, sharr13@emory.edu)*

Emergency loans are intended to help students with unexpected financial crises. Please indicate the nature of your emergency. If "other," please explain in the space provided.

- Illness or medical expense or insurance
- Death in the family
- Legal expenses
- Funding delays
- Family job loss
- Other. Please explain: _____

Amount requested: \$ _____ (\$1,000 limit)

How do you plan to repay this loan? _____

The above information is true and complete to the best of my knowledge. I understand that any deliberate falsification or fraudulent information submitted will be due cause for the loan to be denied or to become immediately due and payable in full if previously granted. If the loan is not repaid by the due date, I understand that a HOLD will be placed on my registration, and I will not receive transcripts or academic records until the loan is paid in full.

Applicant's signature: _____ Date: _____

Are you a new student? Yes No *(If Yes, please obtain the signature of the DGS or program staff member.)*

DGS or Program Staff (please print and sign): _____

Date: _____