

**College of Health Sciences
Robert. R. Martin Student Emergency Loan Fund**

LOAN APPLICATION

*(Please print out this form, complete your information, and bring to the HSLRC, Rowlett Building 312 for approval signature.
Use black or blue ink to fill in the form:*

To the S.E.L.F. of the College of Health Sciences at Eastern Kentucky University, Richmond, Kentucky:

As of today ___/___/___, I hereby apply for a **S.E.L.F. Loan** in the amount of \$_____ (up to \$250), for a period of 3 months with the rate of 3% per annum or a service charge of \$1.00 whichever is greater from this date until paid.

Name: _____
Last First Middle in Full

EKU Student ID#: _____ Age: _____

School Address: _____ Phone: _____

Home Address: _____ Phone: _____

Classification: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Graduate: _____

Major: _____

Will you be attending ECU Next Semester: Yes: _____ No: _____ Graduation Date: _____

Are you Employed: Yes: _____ No: _____ Name of Employer: _____
Address: _____

Parent, Guardian or Spouse: _____ Phone: _____
Address: _____

Have you ever obtained a S.E.L.F. Loan Before: Yes: _____ No: _____

Do you have a S.E.L.F. Loan now? Yes: _____ No: _____

Are you on a Scholarship: Yes: _____ No: _____ What type? _____

Do you have any other student Loan: Yes: _____ No: _____ Type: _____

CHOOSE ONE:

I'd prefer to have my loan directly deposited into my refund preference account on file with ECU.

I'd prefer to receive my loan in cash today, I will visit the Office of Student Accounting in Whitlock 210 myself.

Purpose of Loan: _____
(Please state in full)

Means of Repayment: _____
(Please state your plans to repay your Loan)

Reference (Academic Advisor or Faculty): _____
Name Campus Address

In the event student fails to perform his/her obligations under this Agreement, he/she agrees to pay any fees incurred, including the fees of any collection agency with a maximum percentage of 33.33% of the debt. Should the student's failure to pay result in litigation, he/she agrees to pay attorney fees which could be a maximum of 40% of the debt. The student also understands that if the account is sent to a collection agency, interest may be charged to the balance, including fees.

Signature of Student _____ Due Date: _____

Approved: _____ Disapproved: _____ Date: _____