

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

LOAN APPLICATION

(Please print out this form, complete your information, bring to the HSLRC, Rowlett Building 312 for signature and further information to take to Student Accounting in Whitlock to obtain loan amount directly.) Use black or blue ink to fill in the form:

Date: _____

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

I hereby apply for a S.E.L.F. Loan in the amount of \$_____ 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 EKU 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: _____

Purpose of Loan: _____
(Please state in full)

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

Reference (Board Member or Faculty): _____
Name Campus Address

Signature of Student _____ Due Date: _____

Approved: _____ Disapproved: _____ Date: _____