CSM EMERGENCY LOAN APPLICATION

Funded by the Richard A. Sullivan Loan Fund of The Foundation for San Mateo County Community College District

PART I: APPLICANT INFORMATION *(Please print)*	
Last Name, First Name, Middle Initial	Street Address
Student Id # G00 -- ___ ___ -- ___ ___ ___ ___	City, State, Zip
Work Phone Number	Home Phone Number

Have you applied for financial aid? Yes ❒ No ❒
Have you applied for an Emergency Loan before? Yes ❒ No ❒
Briefly explain why you want this Emergency Loan: _____
_____
How and when will you be able to repay this loan? _____
_____
How much are you requesting? $_____

PART II: PROMISSORY NOTE
(Please read carefully. If you agree to the terms of the loan, then sign below.)

I promise to repay this Emergency Loan for $_____ by _____ 200 ___.

I agree to apply my financial aid funds toward any Emergency Loan debts owed to the College of San Mateo and understand that proceeds from my financial aid checks may be applied toward my Emergency Loan debt.

I am aware that if I fail to repay the loan *on the specified date*, a *hold* will be placed on my grades, transcripts, and future registration. In addition, I am aware that I will be responsible for any outside collection agency fees that might arise out of my failure to repay this loan.

Applicant's Signature: _____ Date: _____

PART III: INSTRUCTIONS FOR CHECK PICKUP AND REPAYMENT

If your Emergency Loan is approved, check pickup and repayment is made at the CSM Cashiers Office.
Cashiers Office Location: Building 1 – Room 147
Cashiers Office Hours: 8am to 3pm

CHECK PICK UP DATE: _____ REPAYMENT DUE DATE: _____

FOR OFFICE USE ONLY

Current Enrollment: _____ units (Verified by: _____)

Approved by: _____
Claudia Menjivar, Financial Aid Director

Disbursing Officers Signature	Student's Signature (when picking up check)	
CHECK PROCESS. DATE:	CHECK#:	LOAN CARD: