

# APPLICATION FOR SHORT TERM LOAN PROGRAM

All sections of this application must be completed before your application will be considered. (Please print.)

Student Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

If married, spouses' name \_\_\_\_\_ ISU# \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Local Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** The University must have the names, addresses, and telephone numbers of at least three individuals who would be able to contact you. All references must have separate addresses.

Parent/Guardian	Relative/Friend	Relative/Friend
Name _____	_____	_____
Address _____	_____	_____
City/St _____	_____	_____
Phone# _____		

### FINANCIAL INFORMATION

#### Monthly Expenses

Rent/Mortgage . . . . .	\$ _____
Utilities . . . . .	\$ _____
Groceries/Meals . . . . .	\$ _____
Transportation (gas, insurance bus fare, etc.)	\$ _____
Personal expenses (clothing, recreation, etc.)	\$ _____
Medical/Dental . . . . .	\$ _____
Child Care . . . . .	\$ _____
Outstanding Debts (charge cards, loans, etc.)	\$ _____
Other Costs . . . . .	\$ _____
Total . . . . .	\$ _____

#### Monthly Resources

Student's Net Wages . . . . .	\$ _____
Spouse's Net Wages . . . . .	\$ _____
Veteran's Benefits . . . . .	\$ _____
AFDC or ADC . . . . .	\$ _____
Cash from Parent/Guardian . . . . .	\$ _____
Total . . . . .	\$ _____

#### Student's Employment

Employer \_\_\_\_\_  
Employer's Phone \_\_\_\_\_  
Payroll Dates \_\_\_\_\_

#### Spouse's Employment (if married):

Employer \_\_\_\_\_  
Employer's Phone \_\_\_\_\_  
Payroll Dates \_\_\_\_\_

#### REQUEST FOR SHORT TERM LOAN:

Amount Requested \$ \_\_\_\_\_  
Reason for Borrowing \_\_\_\_\_

Source of funds for repayment and the date(s) of repayment:  
\_\_\_\_\_  
\_\_\_\_\_

My signature on this application certifies that all of the information I have provided is complete and accurate. I also give my consent to the Finance and Administration Office to verify my eligibility for this program and to contact any individuals or agencies regarding information on my application.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Short term loans if approved will be available for disbursement within 2 days of application being approved.

### OFFICIAL USE ONLY

Registration Status \_\_\_\_\_ Sem/Sess \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
Credit History \_\_\_\_\_ Outstanding Bills \_\_\_\_\_

**Loan Approved-Amount \$** \_\_\_\_\_  
Index Number \_\_\_\_\_  
Repayment Date \_\_\_\_\_

**Loan Not Approved** \_\_\_\_\_  
Reason(s) \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

## **IDAHO STATE UNIVERSITY SHORT TERM LOAN PROGRAM**

International students who have an F1, M1 or J1 Student Visa apply for this program through the International Student Advisor.

### **PROGRAM DESCRIPTION**

Initials The Short Term Loan Program is intended to assist students who experience school related financial difficulties during the semester. The maximum amount which a student can borrow during a semester will be \$500. Students who are approved to borrow under this program must meet specific guidelines. Repayment of the loan must be made on or before the end of the semester, not to exceed 90 days. This program cannot be used to pay fees.

### **STUDENT ELIGIBILITY CRITERIA**

- Initials
1. Students must submit the completed application to the Finance and Administration Office. The student must indicate on the application the reason for the loan and the source and date of repayment.
  2. Students must be enrolled on at least a half-time basis. Half time enrollment is a minimum of six (6) credit hours for undergraduates and five (5) credit hours for graduates.
  3. Students must have completed one semester with a 2.0 GPA.
  4. Students must have a satisfactory repayment rating with the university.

### **REPAYMENT OF SHORT TERM LOAN FUNDS**

Initials Students will incur a \$5.00 monthly fee in lieu of interest. The fee will be added to your student account on the first of each month preceeding the disbursement of the loan. The loan and processing fee must be repaid on or before the last class day of the semester or 90 days, whichever is sooner. If the loan is not repaid according to the provisions of repayment, the Finance and Administration Office and Office of Registrations, Admissions and Records are empowered to withhold current semester grades, hold transcripts and/or deny registration to students who have been identified as delinquent. The university has the right to seek the services of a collection agency and assess a reasonable collection charge for contracts which are delinquent and/or not paid in full.

Modifications or exceptions to the repayment plan AFTER the loan has been disbursed must be obtained from the Finance and Administration Office (Business Office). Students are responsible for requesting modifications or extensions PRIOR to payment date.

IDAHO STATE UNIVERSITY  
SHORT TERM EMERGENCY LOAN PROGRAM  
PROMISSORY NOTE AND REPAYMENT SCHEDULE  
P.O. Box 8219, Pocatello, ID 83209-8219  
(208) 282-2292

Borrower's Name: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Bengal ID: \_\_\_\_\_

I am borrowing \$\_\_\_\_\_ in principal together with finance charges \$5.00 per month starting on the first of the month following disbursement.

I promise to pay IDAHO STATE UNIVERSITY the principal amount and any fees that have accrued to the date of payoff. I agree to the repayment schedule and the terms listed below.

Payment due \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

TOTAL AMOUNT FINANCED (Principal)	\$	_____
FINANCE CHARGE (\$5.00 per month)	\$	_____
TOTAL PAYMENT DUE (principal & interest)	\$	_____

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I (borrower) understand my rights and repayment responsibilities in the Short Term Emergency Loan Program:

1. I will make my payments on time. If I default, ISU has the right to use a professional collection agency. I will be held responsible for paying all the principal, interest, and reasonable collection costs incurred by the University to collect on this loan.
  2. The final payment is due no later than ninety (90) days from the date of loan issued or before the end of the current semester/session, which ever comes first.
  3. I must notify the STUDENT LOAN OFFICE of any name/address changes.
  4. I must notify the STUDENT LOAN OFFICE if I have difficulties with the repayment of this loan. I can request an extension within the semester.
  5. Future registration and transcript requests will be blocked if my loan is not paid as agreed.
  6. I know that my financial aid, scholarship checks, Idaho State University wages, and/or work-study wages can be used to pay off this loan.
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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Denied

Approved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_