

Emergency Loan Application



Name (print) _____ Student ID _____

Daytime phone or best way to reach you _____

Basic eligibility requirements To qualify for an emergency loan, you must:

- be experiencing an unexpected, extreme financial emergency in which life and health are involved.
- be enrolled in the current quarter (not on LOA) and making satisfactory academic progress.
- have no current quarter student account balance.
- have not requested an emergency loan in the past 12 months.

_____ *(please initial)* I meet these basic eligibility requirements for this loan.

Briefly describe your financial emergency. Attach copies of documents to support your request. An incomplete application will delay processing of your request.

Loans may be available for up to \$500. How much would you like to borrow? \$ _____

How will you repay the loan? _____

Loan Agreement

I have experienced an unexpected and extreme financial emergency and have exhausted all other financial resources available to me. I understand that this is an interest-free loan that must be repaid within 60 days of the date of the loan, or when financial aid funds are credited to my student account, whichever occurs first.

If I do not repay this loan within 60 days, a late payment fee will be assessed monthly until the account is paid in full and I will be denied consideration for any future emergency loans. A hold will be placed on my account that will prevent future registration activity and processing of transcript requests and graduation applications until the loan is repaid in full.

I am responsible for paying this and all other charges to my student account. Failure to comply with the Student Financial Policies of Antioch University Seattle may result in all costs, expenses and fees incurred by Antioch University or its assignees in collecting or attempting to collect this debt being added to my account balance. Costs, expenses and fees include, but are not limited to, collection agency fees, attorney fees, court costs and other out-of-pocket expenses.

Signature _____ Date _____

Submit your completed application to:

Antioch University Seattle
Attn Student Accounts
2326 Sixth Ave.
Seattle WA 98121-1814

You will receive a response
to your request within
two business days.

By fax: 206-268-4242

By scan: studentaccounts.aus@antioch.edu

Office Use Only	Loan Amt \$	Date of Loan	Repayment Date
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