



EMERGENCY BOOK/SUPPLY LOAN

REQUEST FOR LOAN AGAINST MASTER PROMISSORY NOTE

Business Office
6300 Ocean Drive, Unit # 5765
Corpus Christi, Texas 78412
(361) 825 - 2600

Please Print Legibly

Applicant's Name

Student ID Number

Local Street Address / Box #

Driver's License Number

City State Zip

Employer

() _____
Home Phone #

() _____
Work Phone #

University E-Mail Address

Personal/Work E-Mail Address

Permanent Street Address/Box #

Spouse's Name

City State Zip

Spouse's Employer

Permanent Phone #

Spouse's Work Phone #

A **Book Loan** can be awarded for **books and supplies** for up to a \$600.00 maximum. This is a University supported Financial Aid program that is administered through the contract with the Campus Store.

A **twenty-five dollar (\$25.00) non-refundable processing fee is added to loan balance.** To be eligible, undergraduate and graduate students must continue to be enrolled and in good academic standing. Both graduate and undergraduate students may not have HOLDS with the Office of Student Financial Assistance and/or the Business Office. All Financial obligations for prior semesters must be cleared. A student may be denied a loan if they have failed to pay prior loans by the due date or if the student has ever been sent to a collection agency or if three (3) checks have been returned unpaid to the University for any reason. Refunds resulting from dropping or withdrawal from classes will be applied to the outstanding loan balance. If Financial Aid is eventually awarded for this semester, it will be applied first to the outstanding balance of this loan.

Please give the source of funds from which you intend to repay this loan. _____

Semester You Are Applying For _____

Amount of Book Loan Requested (\$600 maximum) _____

Please provide the names and complete (different) addresses and phone numbers of three (3) relatives.

_____ Name	_____ Relationship
_____ Street/ Address	_____ (_____) Phone #
_____ City State Zip	

_____ Name	_____ Relationship
_____ Street/Address	_____ (_____) Phone #
_____ City State Zip	

_____ Name	_____ Relationship
_____ Street/Address	_____ (_____) Phone #
_____ City State Zip	

REPAYMENT TERMS

Contact the Business Office or go to the Business Office website for loan due dates. A late fee of \$25 will be assessed to Loans that are past due. Upon withdrawal from the University, financial obligations must be paid in full by the official withdrawal date.

I hereby agree to advise the Business Office of any change of address as long as any part of this loan remains unpaid. I affirm that all statements are true and correct to the best of my knowledge.

Signature of Applicant

Date

State Law requires that you be informed of the following (1) you are entitled to request to be informed About the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; (3) you are entitled to have the information corrected at no charge to you.