

APPLICATION
Emergency Loan Fund
UAB School of Optometry

I hereby apply for an emergency loan under the provisions of the School of Optometry's Emergency Loan Fund in the amount of \$_____. I understand that the loan will be repaid within 90 days from the receipt of the loan or upon receipt of the financial aid award for the current or upcoming term, whichever comes first. The conditions will be outlined in a note to be signed at the time the loan award is made.

A. PERSONAL DATA

_____ (student number)

Name (Mr., Mrs., Miss, Ms.) _____
(last) (first) (middle)

Local Address _____ Telephone _____
(street or box number)

(city) (state) (zip)

Permanent Address _____ Telephone _____
(street or box number)

(city) (state) (zip)

Nearest Relative (not parent) _____ Relationship _____

Address of Relative _____
(street or box number) (city) (state) (zip)

Date of Birth: ___/___/___ Gender: F___ M___ Driver's License Number/State _____

Are you presently employed? Yes___ No___ If yes, where? _____

Hours per week _____ Hourly wage _____

Have you always been prompt in meeting your financial obligations? _____ If no, please explain: _____

B. INCOME AND FINANCIAL RESOURCES

Are you currently receiving financial aid at UAB? Yes___ No___ If yes, indicate type of aid and amount: _____

Please indicate the amount of other income and financial resources:

Assistance from Parents or Spouse	_____	VA Benefits	_____
Personal Savings	_____	Other (specify source)	_____
Employment Income	_____		_____

(over →)

C. REQUEST FOR LOAN

Briefly explain why you are requesting this loan and include any pertinent information concerning financial assets and obligations of you or your family which will be helpful in assessing your need for this loan.

(Use additional sheets as necessary and attach to application.)

D. AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the University of Alabama at Birmingham to release information concerning my financial and educational records as requested for consideration for and maintenance of financial assistance by the School of Optometry Emergency Loan Fund.

(Signature) (Date) (Student Number)

Please do not write below this line.

Loan granted in the amount of\$ _____

Conditions of repayment _____

Loan not granted for the following reasons:

- ___ a. Lack of adequate and available loan funds.
- ___ b. Student's need for loan not effectively established.
- ___ c. Other reasons (specify) _____

Authorization: _____
(Director of Student Affairs) (Date)

(Dean) (Date)

Emergency Loans are given to students based on need and availability. After printing the application and completing the form, return it to the Office of Student Affairs. You will be notified via email if it has been approved. The application is then forwarded to Student Accounting Services for processing. The student should contact Student Accounting Services at 934-3570 after receipt of the email granting the emergency loan. Generally a promissory note will be available in Student Accounting Services for signature 24 hours after receipt of the application.