

Emergency Loan Application



Contact the Disability Support Services (DSS) Office to request this application in alternate format.

Please Print Clearly

Name _____ Student ID _____

Daytime phone or best way to reach you _____

Basic eligibility requirements

Aside from experiencing an unexpected and extreme financial emergency, you must be enrolled in the current quarter (not on a leave of absence), must have no student account balance, must be making satisfactory academic progress, and must have not received an emergency loan in the past 12 months

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

Describe with reasonable detail your financial emergency. You may provide supporting documentation with 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 exhausted all financial resources available to me and I am voluntarily requesting an emergency loan. If my loan application is approved, I agree to the following:

I understand that this is an interest-free loan and that it must be repaid within 60 days of the issuance of the loan check, or when financial aid funds are distributed to my student account, whichever comes first. If I cannot repay this loan by this date, I will be denied consideration for any future emergency loan that I may request. In addition, a hold will be placed on my account to prevent approvals for future registrations, transcript requests and graduation applications until the loan is fully repaid.

I understand that I am financially responsible for this and all other charges posted to my student account. Failure to comply with Antioch's fiscal policies 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
telephone response to
your request within
two business days.**

By fax: 206-268-4242

Office Use Only

Loan Amount \$ _____ Date of Loan _____ Date of Repayment _____