

APPLICATION FOR SHORT TERM LOAN PROGRAM

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

Student Name _____

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 Division of Finance 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

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 Division of Finance. 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 proceeding 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 Division of Finance empowered to 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 fee for contracts which are delinquent and/or not paid in full.

IDAHO STATE UNIVERSITY
SHORT TERM EMERGENCY LOAN PROGRAM
PROMISSORY NOTE AND REPAYMENT SCHEDULE
P.O. Box 8219, Pocatello, ID 83209-8219
(208) 282-3898

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

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

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)	\$ _____

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. This is a qualified educational loan under I.R.C. 221, and as such, is exempt from discharge under the federal bankruptcy code, 11 U.S.C. 523(a)(8). You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you (or may engage contractors or agencies to do so on our behalf) by sending text messages or emails, using any email address you provide. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. I have read the disclosure and agree that Idaho State University and their agents may contact me as described above.
3. The final payment is due no later than ninety (90) days from the date of loan issued or _____, which ever comes first.
4. I must notify the STUDENT LOAN OFFICE of any name/address changes.
5. I must notify the STUDENT LOAN OFFICE if I have difficulties with the repayment of this loan.
6. Future registration and transcript requests will be blocked if my loan is not paid as agreed.
7. I know that my financial aid and scholarship checks can be used to pay off this loan.

Date: _____

Signature: _____

Denied

Approved

