



Short-Term Loan

Financial Aid Office
 McClain Hall 103
 100 East Normal Ave.
 Kirksville, MO 63501

Web: financialaid.truman.edu
 Telephone: (660) 785-4130
 FAX: (660) 785-7389
 Email: faid@truman.edu

The short-term loan was established by friends and alumni of Truman to assist students with emergency funds to help meet necessary school expenses.

Eligibility Requirements:

- Full time enrollment
- Good academic standing
- GPA of 2.2 or higher
- Does not already have financial aid that has met the entire school budget

Short-term loans are not granted for debts owed to the University. Loans are generally limited to \$1,000 or less. Students needing an emergency loan who do not meet one or more of the eligibility requirements may appeal by attaching additional information.

I. Personal Information

_____ Last Name	_____ First Name	_____ Banner ID	_____ E-Mail Address
_____ Local Address: Number and Street	_____ City	_____ State & Zip	_____ Telephone

II. Family Information

_____ Father	_____ Address	_____ Occupation
_____ Mother	_____ Address	_____ Occupation
_____ Spouse	_____ Address	_____ Occupation

III. School Information

Are you a: New Student Continuing Truman Student Expected Graduation Date: ____ / ____
Month Year

Class Level: Freshman Sophomore Junior Senior Graduate Student

Currently Enrolled Hours: _____ Truman Earned Hours: _____ Truman GPA: _____

Major: _____ Cumulative Earned Hours: _____ Cumulative GPA: _____

IV. Financial Information

What emergency expenses do you plan to pay with this loan?

Bill: _____ Amount: \$ _____ Due Date: _____

Bill: _____ Amount: \$ _____ Due Date: _____

Bill: _____ Amount: \$ _____ Due Date: _____

Bill: _____ Amount: \$ _____ Due Date: _____

Total: \$ _____

When can you repay this loan? (Short-term loan repayment is due within 90 days.) _____

From what source(s) will you repay this loan? _____

Note: An outstanding Short-Term Loan balance can affect the regular refund process of other aid.

What other sources of financial support have you received and/or expect to receive this **semester**?

	<i>Aid Type</i>	<i>Semester Amount</i>	<i>For Office Use Only</i>
	SCHOLARSHIPS		
	Truman Scholarships (Combined Ability, President's Honorary, A+ Recognition, etc.)		
	Private Scholarships		
	Bright Flight Scholarship		
	Foundation Scholarships		
	GRANTS		
	Access Missouri Grant		
	Pell Grant		
	Truman Access Grant		
	SEOG (Supplemental Educational Opportunity Grant)		
	TEACH Grant		
	LOANS		
	Unsubsidized Direct Loan		
	Subsidized Direct Loan		
	Perkins Loan		
	PLUS Loan		
	Private/Alternative Loan		
	OTHER		
	Vocational Rehabilitation		
	GI Bill or other Veteran's Educational Benefits		
	Assistance from parents or family		
	Fellowship, Assistantship, Student Advisor, etc.		
	Employment (Please list employer name): _____		
	Other (Please specify source): _____		
	Other (Please specify source): _____		
	TOTAL RESOURCES:		

Total amount currently owed on student account to University: \$ _____

Have you received a short-term loan before? Yes No Do you still owe a balance on this short-term loan? Yes No

Have you ever been delinquent in repaying a loan to Truman State University? Yes No

If so, please explain: _____

V. Certification

I hereby make an application for a loan in the amount of \$ _____ to enable me to pursue my studies at Truman State University. Should this application for a short-term loan be approved and monies granted, I pledge unreserved compliance with all rules and regulations contained in the terms of the promissory note.

If required, my parents will co-sign the promissory note for this loan. Yes No _____
(Please allow additional processing time if co-signers are required) Banner ID Number

Signature of Applicant: _____ **Date:** _____

Watch your Truman email for notification of approval and pick-up instructions (usually after 3:00 p.m. on Wednesdays and Fridays in the Business Office, McClain Hall 105.)

Action by the Financial Aid Committee						
Approved	Rejected	Date: _____	Initials: _____	Amount: \$ _____	Due Date: _____	
Repayment Method:		Federal Aid	State Aid	Personal	Work	Other: _____
Comments: _____ _____						
Guarantor Required:		Yes	No	_____ RPASTCD		