

(Complete next page also)

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