

Financial Aid and Scholarship Services Emergency Short-Term Loan Application

Academic year

2022-2023

Student information

Please type or print clearly using only blue or black ink.

Last name	First name		Middle initial	10-digit ASU ID
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

Purpose

Apply to be considered for a short-term loan.

Eligibility

To be eligible for funds, you must meet the following eligibility requirements:

1. You must be a currently enrolled student at Arizona State University and be admitted to a degree-seeking or certificate program.

Loan conditions

\$500 maximum per semester. If a student has a greater need, we will review the request on a case-by-case basis.

Availability of funds

If you apply before 2:30 p.m., you will receive an email to your ASU email address within two to three business days from Student Business Services. Once processed, your funds will be directly deposited to your bank account. If you are not set up for direct deposit, your check will be mailed to the mailing address listed in your My ASU profile. If you have not received an SBS email within three business days, please contact SBS at 855-278-5080.

Section A: Application information

Requested Ioan amount	Social Security number	Birth date	Driver license number and state
\$			

Section B: Personal statement

Section C: Certification and signature

Certification: I hereby certify that all the above information is true and correct to the best of my knowledge. I further understand that any false information given on this application is grounds for denial of the loan. By my signature, I understand that I must repay Arizona State University the sum of the loan plus a service charge, according to the terms of my application.

Signature	Date

If you need assistance to complete this form, please call our office at 855-278-5080 or visit one of our office locations listed at students.asu.edu/contact/financialaid.

Application decision		Delinquent account		STL delinquency	
✗ Approved ✗ Denied		× Ye	s × No	x Yes x No	
Loan amount		Service charge amount		Repayment date	
\$		\$			
Staff initials	Date	E	P	Notes:	
		×	×		

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