

2008-2009 EMERGENCY LOAN APPLICATION

RETURN TO:
 CAL POLY
 FINANCIAL AID OFFICE
 SAN LUIS OBISPO, CA 93407-0201
FAX: (805) 756-7243

Last Name:

First Name:

Empl ID#:

Phone #:

Amount Requested: \$

Personal Information

Please type or print in ink
 Name

Address (Local)

Phone # (Local)

Address (Permanent)

Phone # (Permanent)

Driver's License (state & number)

Date of Birth

Major

Anticipated Graduation Date

single married

Spouse's Name

Spouse's SS#

Employment Information

(If Applicable)

Employer

Phone #

Spouse's Employer

Phone #

Repayment Information

Source of repayment

Financial Aid Work Other

If other, explain

Credit References

Checking, savings, loans, credit cards or other lenders

Name/Address

Type of Account

Type of Account

Personal References

*Do not include:
 students, faculty or staff.*

*All addresses **MUST** be
 complete.*

Three different people at three different addresses

Name/ Complete Address/Phone

1)

2)

3)

Nature of Emergency

Explain fully and attach any documentation

Delayed Financial Aid

Other

I understand that approval of this application is contingent upon verification of the above information and that my financial emergency meets the criteria of the program. I further understand that any false statement or misrepresentation will be cause for denial of this university emergency loan.

Signature

Date

For office use only

Units

CP Cumulative GPA

Due Date

Approved Amount

Loan Fund _____ Memorial

Repayment Source

\$

_____ Agriculture

Financial Aid _____ Work _____ Other _____

Approved By

Date