EMERGENCY STUDENT LOAN AGREEMENT

This form is to be filled out by the student requesting an emergency Student loan.

I, _____, I.D. No. _____, am requesting the sum of $_____dollars in Emergency Student Loan Funds for the_____term. I realize that if I fail to repay the above amount, my registration for the next semester will not be honored. In addition, I will no longer be able to request copies of my transcript or grades from the Registrar's Office. I understand that I will be assigned to a collection agency if I do not pay the loan within the terms of this agreement and will be responsible for all reasonable collection agency fees assessed on the loan in addition to the principal amount due.
I authorize ECC to deduct this loan in the amount of $_____ from my financial aid.

_____ _____
STUDENT SIGNATURE **DATE**

EMERGENCY STUDENT LOAN REQUEST

Student Name: _____ **Phone:** _____
Address: _____ **Term/Semester**_____
_____ **Student ID #**_____
_____ **Amount Requested (max. is $600)**_____

Purpose of Loan:
The purpose of the emergency loan, as a temporary solution, is to assist with your cost of education, e.g., books, transportation, child care, etc. Requests that do not meet these conditions may be denied.
I authorize Erie Community College to deduct this advance against my approved financial aid funds. I understand that if for any reason my approved financial aid funds are insufficient to cover my tuition, fees, books, and this emergency loan, I am fully liable for payment. I also understand that I am eligible for only ONE emergency loan while in attendance at Erie Community College. Once approved, I will NO longer be eligible for another emergency loan. I understand that the loan will be mailed to my official school address .

Explain your reason(s) for requesting emergency loan funds:
_____
_____
_____

Send to: **Fax-(716)-270-4421, Mail - Financial Aid, ECC, 4041 Southwestern Blvd., Orchard Park, NY 14127.**

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