



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

The College at Brockport Office of Student Accounts Short Term Emergency Loan Application

Please Print

NAME _____	BANNER ID # _____
Local Address _____ _____	Permanent Address _____ _____
Telephone () _____	Telephone () _____
Email address: _____	

Amount requested (up to \$1,000 of your anticipated refund): \$ _____

Purpose of the loan funds (required): _____

I understand that this loan represents an advance of my anticipated financial aid refund, and by signing this application, authorize the use of my Federal Title IV Funds to pay for this loan. I accept responsibility for the repayment of the loan if there is a change in my aid package that results in my aid no longer covering the loan for me. I authorize the Office of Student Accounts to apply any credit balance on my student account from financial aid or other resources to repay this loan in full. If I wish to rescind this loan, I may do so by making the request in writing and accompanying the request with payment in full with guaranteed money (Visa, MasterCard, Discover, cash, money order, or certified check).

I understand that if it does become necessary for me to repay the loan that it will become subject to the standard student bill collection policy of The College at Brockport. I understand that bills that are not paid or responded to by the due date are subject to a late payment fee. I understand that New York state law requires the assessment of interest on any amounts owing 36 days after the conclusion of the semester. If my account is referred for collection, either to a private collection agency or to the New York State Attorney General, additional amounts for collection commissions (22%) and legal costs may be added to my bill.

I DECLARE THAT ALL OF THE INFORMATION WHICH I HAVE FURNISHED ABOVE IS TRUE AND ACCURATE.

Student Signature _____
Date

Parent's Signature (required for PLUS loan applicants) _____
Date

For Office Use Only:

Approved or Denied (circle one) By: _____ Date: _____

Invoice # _____ Loan amount: \$ _____ Check or direct dep. # _____

Special conditions or reason(s) for denial: _____
