

Emergency Loan Fund (ELF) Application

University Center – 103

Official Use Only

Name:	<input type="text"/>	I wish to receive my loan as a:	Deposit to my Wolfcard Account <input type="checkbox"/>
UA ID #:	<input type="text"/>		Check made out to me <input type="checkbox"/>
		Drivers License #	State: <input type="text"/>
	Local Address		Permanent Address
Street:	<input type="text"/>	Street:	<input type="text"/>
City:	<input type="text"/> State & Zip: <input type="text"/>	City:	<input type="text"/> State & Zip: <input type="text"/>
Contact Phone:	<input type="text"/>	Message Phone:	<input type="text"/>

Reason for request:

Students may request one (1) Emergency Loan per Semester. **Students who apply must be admitted and enrolled in a minimum of twelve (12) credits for to be eligible for a loan of \$600.00 or at least six (6) credits for a loan of \$300.00.** No student will be approved for a loan if a previous loan has become delinquent or if they are on **HOLD** with Accounting Services or the Office of Student Financial Assistance & Information.

Please fill out the section below. You are required to provide two (2) references in addition to spouse and relative information.

Spouse's Name:	Relative's Name:
Address:	Address:
Telephone #: ()	Telephone #: ()
Occupation:	Occupation:
Reference: #1 Name:	Reference: #2 Name:
Address:	Address:
Telephone #: ()	Telephone #: ()
Occupation:	Occupation:

By signing below, I promise to pay the University of Alaska Anchorage, at the Accounting Services office, the sum of \$_____.00 plus a service fee of \$10.00 in legal currency of the United States of America. I understand that this loan is due no later than thirty one (31) days from the date of the loan being issued to me, without grace, for the value received stated above in this paragraph. I agree that UAA will withhold the balance of the loan from any funds due me by the university, including TIV funds. **EVEN IF FUNDS ARE AVAILABLE PRIOR TO THE DUE DATE OF THE LOAN.** I will notify Accounting Services of any changes of address. If I fail to repay the loan any remaining balance on my WolfCard and/or other university credits will be used to pay or reduce my debt. I understand that I may be turned over to a collection agency and I will be responsible for all collection costs and my delinquency will be reported to the Credit Bureaus. I understand and agree that failure to meet this obligation may subject me to loss of all academic privileges.

Signature: _____ Date: _____

Office Use Only:			
FAO: Approved Disapproved	By:	Date:	
Credits: GPA:	Comments:		
Admissions: Yes No			
Class Standing: FR SO JR SR GRAD	Major:	Expected Graduation Date:	
Accounting: Approved Disapproved	By:	Date:	
Comments:			