

APPLICATION AND PROMISSORY NOTE

H.H. Peters Loan Fund and UWS Short-Term Loan

Name:		Student ID:	
Address:		City:	State:
ZIP code:	Phone:	Email:	
Program:			
Amount requested:	(US Dollars) Disbursem	nent method: O Check	Direct Deposit*
*With an active direct dep	posit on file, funds will be available within 2 bus	siness days after approval	
Service fee: \$30 (US	Dollars)		
Type of emergency l	oan: O H.H. Peters Loan Fund	O UWS Short-Term Loan	
Nature of emergence	y / Purpose of the loan:		
Repayment informat	tion: O Financial aid O Work O	Other. If other, please specify	
All emergency loans	e submitted and approved by 12 p.m. must be paid in full prior to 60 days fro	om the issuance date or by Jun	ne 30 th or by the end of the final
	y, whichever occurs first. I understand ubject to university policy regarding pa	·	timely basis is considered a past
I certify that this loar	is requested for the above stated pur	pose.	
policies and procedu	past due loan account may be subject res. I agree that I am responsible for al tion agency and other fees incurred to	l outstanding charges to the u	·
I have read and unde	erstand Policy 3801 Emergency Student	t Loans and the provisions stat	ted above.
Signature of Applicar	nt:		Date:
UWS use only:	Cumulative GPA verification	(above 2.0):	
Approved Der	nied H.H. Peters Emergency Loan	Amount UWS S	hort-Term Loan Amount
Financial Aid Office Si	gnature	Date	
Check #	Check Date:		