



**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE
STUDENT SHORT-TERM LOAN APPLICATION**

NAME: _____

ADDRESS: _____
STREET CITY ZIP

AMOUNT OF LOAN REQUEST: _____ (Maximum loan amount \$1,500.)

Note: Loan will be repaid by due date or upon receipt of financial aid, whichever comes first.

****ALLOW AT LEAST ONE (1) WEEK FOR PROCESSING****

Reason for Short Term Loan Request

Signature of Student Requesting Loan

Date

Approved

Date

Leslie Fry, Director of Financial Aid
Jan Meyers, Financial Aid Advisor