



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

NAME:

ADDRESS:

STREET

CITY

ZIP

PHONE:

DAWG TAG

EMAIL

LOAN AMOUNT REQUESTED:

(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

Borrower's Signature

Date

Approved

Date

Leslie Fry, Director of Financial Aid