



**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