



# Short-Term Loan

Financial Aid Office  
McClain Hall 103  
100 East Normal Ave.  
Kirksville, MO 63501

Web: [financialaid.truman.edu](http://financialaid.truman.edu)  
Telephone: (660) 785-4130  
FAX: (660) 785-7389  
Email: [finaid@truman.edu](mailto:finaid@truman.edu)

The Short-Term Loan was established by friends and alumni of Truman State University to assist students with emergency funds to help meet necessary school expenses. **Short-Term Loans are not granted for debts owed to the University.**

## Eligibility Requirements:

- Full-time enrollment
- Good academic standing
- GPA of 2.2 or higher
- Does not already have financial aid that has met the entire school budget

Students needing an emergency loan who do not meet one or more of the eligibility requirements may appeal by attaching additional information. Loans are generally limited to \$1,000 or less. The Short-Term Loan has an interest rate of 5%.

## I. Personal Information

Legal Last Name	Legal First Name	Banner ID	Email Address
Local Address: Number and Street	City	State & Zip	Telephone

## II. Family Information

Father	Address	Occupation
Mother	Address	Occupation
Spouse	Address	Occupation

## III. School Information

Are you a: ☐ New Student ☐ Continuing Truman Student Expected Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

Class Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

Currently Enrolled Hours: \_\_\_\_\_ Truman Earned Hours: \_\_\_\_\_ Truman GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Cumulative Earned Hours: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

## IV. Financial Information

What emergency expenses do you plan to pay with this loan?

Bill: _____	Amount: \$ _____	Due Date: _____
Bill: _____	Amount: \$ _____	Due Date: _____
Bill: _____	Amount: \$ _____	Due Date: _____
Bill: _____	Amount: \$ _____	Due Date: _____
<b>Total: \$ _____</b>		

When can you repay this loan? (Short-Term Loan repayment is due within 90 days.) \_\_\_\_\_

From what source(s) will you repay this loan? \_\_\_\_\_

\*\*\*Note: An outstanding Short-Term Loan balance can affect the regular refund process of other aid.\*\*\*

(Also, complete next page)

What other sources of financial support have you received and/or do you expect to receive this **semester**?

	<i>Aid Type</i>	<i>Semester Amount</i>	<i>For Office Use Only</i>
	<b>SCHOLARSHIPS</b>		
	Truman Scholarships (Combined Ability, President's Honorary, A+ Recognition, etc.)		
	Private Scholarships		
	Bright Flight Scholarship		
	Foundation Scholarships		
	<b>GRANTS</b>		
	Access Missouri Grant		
	Pell Grant		
	Truman Access Grant		
	SEOG (Supplemental Educational Opportunity Grant)		
	TEACH Grant		
	<b>LOANS</b>		
	Unsubsidized Direct Loan		
	Subsidized Direct Loan		
	Perkins Loan		
	PLUS Loan		
	Private/Alternative Loan		
	<b>OTHER</b>		
	Vocational Rehabilitation		
	GI Bill or other Veteran's Educational Benefits		
	Assistance from parents or family		
	Fellowship, Assistantship, Student Advisor, etc.		
	Employment (Please list employer name): _____		
	Other (Please specify source): _____		
	Other (Please specify source): _____		
	<b>TOTAL RESOURCES:</b>		

Total amount currently owed on student account to University: \$ \_\_\_\_\_

Have you received a Short-Term Loan before? ☐ Yes ☐ No Do you still owe a balance on this Short-Term Loan? ☐ Yes ☐ No

Have you ever been delinquent in repaying a loan to Truman State University? ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

## V. Certification

I hereby make an application for a loan in the amount of \$ \_\_\_\_\_ to enable me to pursue my studies at Truman State University. Should this application for a Short-Term Loan be approved and monies granted, I pledge unreserved compliance with all rules and regulations contained in the terms of the promissory note.

If required, my parents will co-sign the promissory note for this loan. ☐ Yes ☐ No

(Please allow additional processing time if co-signers are required.)

Banner ID Number \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Watch your Truman email for notification of approval and pick-up instructions (usually after 3:00 p.m. on Wednesdays in the Business Office, McClain Hall 105).

<b>Action by the Financial Aid Committee</b>						
Approved	Rejected	Date: _____	Initials: _____	Amount: \$ _____	Due Date: _____	
Repayment Method:		Federal Aid	State Aid	Personal	Work	Other: _____
Comments: _____						
Guarantor Required: Yes No _____ RPASTCD						