



# 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  
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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:	<input type="checkbox"/> New Student	<input type="checkbox"/> Continuing Truman Student	Expected Graduation Date: _____ / _____				
Class Level:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate Student	Month	Year
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><b>Aid Type</b></i>	<i><b>Semester Amount</b></i>	<i><b>For Office Use Only</b></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).

#### **Action by the Financial Aid Committee**

Approved	Rejected	Date: _____	Initials: _____	Amount: \$ _____	Due Date: _____
Repayment Method:	Federal Aid	State Aid	Personal	Work	Other: _____

Comments:

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Guarantor Required: Yes \_\_\_\_\_ No \_\_\_\_\_ RPASTCD