



**Miller/Student Government Association Loan Application  
Emergency Loan Fund**

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Student ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

APSU PO Box or Local Mailing Address: \_\_\_\_\_

Home Address (Permanent): \_\_\_\_\_

Hours Currently Enrolled: \_\_\_\_\_

Purpose of Loan:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan to be Paid Back as Follows: \_\_\_\_\_

**RIGHTS AND RESPONSIBILITIES**

I understand this loan is due in full in the Business Office by \_\_\_\_\_  
I understand that if any type of financial aid or credit is applied to my account, it will be applied to the outstanding balance before any proceeds are released to me. Should I fail to repay this loan, I understand that I will not be eligible for additional loans of this type. I further understand that I will not be allowed to register for classes, and my grades, transcripts and diploma will be held until the loan is paid in full. Should the loan remain unpaid for more than 90 days after the due date, I understand that the loan will be turned over to a collection agency and I will be responsible for all costs associated with such action.

\_\_\_\_\_  
Sign or type full name to acknowledge Date

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**FOR BUSINESS OFFICE USE ONLY:**

Cash Received: \_\_\_\_\_ Credit to A/R: \_\_\_\_\_ JV#: \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature Cashier

Distribution: White/Yellow – Business Office Pink – Student Gold – Student Affairs