

**Student Emergency Loan
Western New England University
Springfield, Massachusetts**

Date: _____

Student ID#: _____

Student Name: _____

Student Address: _____

Student Cell Phone: _____

Loan Amount: _____

The undersigned request the amount of \$_____ dollars received in cash on an emergency loan basis. In accepting these monies, the undersigned agrees that this amount will be charged to their Wester New England University student account.

I _____, realize that a failure on my behalf to make payment according to due dates on my student account, may result in legal action against me. This may include the filing of complaint against me to the Springfield Massachusetts District Court for the amount of my outstanding principal balance to the University, interest on this principal balance calculated at 1% per month, compounded from the date of default, and any other fees associated with such a claim.

Please attach a list of books needed with the amount totaled from the bookstore or the reason that the loan is needed.

Name (please print): _____ Date: _____

Signature: _____ Date of Birth: _____

Approved on _____ for _____

VP Student Affairs (signature) _____

Bursars Office

Debit General Ledger Account 43-1-41002010-00-106110

Charge student's account code EMSL

Bursar's Office Initial _____