



Short Term Loan Application

Students who are currently enrolled at the El Paso Health Sciences Center may apply for a short term loan to help with expenses such as books, supplies, or other necessities to attend school. Please read this information carefully and submit a signed copy with your short term loan application.

- Approval for a short term loan is based on the availability of funds at the time the application is received.
- Students who currently owe a past due balance on a previous short term loan must pay their past due balance in full before applying for a short term loan.
- Students may not apply for a short term loan less than 30 days prior to graduation.
- In order to be considered, this loan application must be filled out completely, including the reference information and how the loan will be repaid.
- Failure to repay a short term loan by the due date will result in a hold being placed on your record. This hold could prevent class registration, transcript requests, and release of your diploma.
- This short term loan is not considered financial aid. If you wish to apply for financial aid please submit the Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ed.gov.

By signing below I agree that I have read and understand the information stated above.

Student Signature

Student ID Number

Date Signed



Short Term Loan Application

Student Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: (____) _____ Student ID or Social Security Number: _____

Birth Date: _____ Marital Status: _____ Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: (____) _____

Reference Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: (____) _____ Alternate Phone: (____) _____

Loan Information

Max Amounts: GSBS/Medicine \$1,500; Nursing \$500 Amount Requested: _____

Terms Preferred: (Circle One) 30 Days / 60 Days / 90 Days What will the loan be used for? _____

How will you repay the loan? _____

Student Signature: _____ **Date:** _____

For Office Use

Considered By: _____ Approved Date: _____ Amount: _____ Voucher #: _____

STL Due Date: _____ Terms: _____ %: _____ Prom Note Due Date: _____

Loan Fund & Account: _____

Comments: _____

Please return your application to the Student Affairs Office via:

Mail: TTUHSC El Paso Office of Student Services
 5001 El Paso Drive
 El Paso, TX 79905

Email: elp.financialaid@ttuhsc.edu
Fax: 915-783-5145