

University of Arkansas for Medical Sciences
Student Emergency Loan Application and Contract

Name: _____ Student ID Number: _____

Address: _____

Phone Number: _____ Email: _____

College/Program: _____ Expected Graduation Date: _____

Amount Requested: _____ (\$1,000.00 maximum; limit one loan per academic year)

Please describe the emergency necessitating the loan request. For example: medical emergency, eviction notice; utilities shut off notice. Be as explicit as possible and attach supporting documentation:

I would like to give UAMS authority to deduct from my next scheduled financial aid disbursement:
_____ (initial)

Loans must be paid in full by the next scheduled financial aid disbursement date, within Ninety (90) days from the date the application was processed, upon graduation or cease to be enrolled, whichever comes first. A \$10.00 processing fee will be subtracted from the loan amount before it is disbursed. I understand if I do not pay the loan back within the required timeframe, my account will be placed on the Arkansas Debt Setoff Program resulting in my Arkansas state tax refund being garnished to satisfy the debt and with an outside collection agency. I will be responsible for collection fees and/or legal fees if a lawsuit is pursued. No interest will be charged if paid within the required timeframe but if not repaid, interest will accrue on the delinquent amount. If I am an employee of UAMS and my loan becomes delinquent, I understand UAMS will follow UAMS Administrative Guide 3.1.08 for collection of the debt.

To sign up for direct deposit, access your account on the UAMS Student Portal and click on the Money Matters tab.

I certify that the facts set forth in this request for an emergency loan application are true and complete to the best of my knowledge and I agree to the terms of this contract.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Financial Aid Counselor's Name: _____

Signature: _____ Date: _____

Approved: _____ Amount: _____ Term: _____

Denied: _____ Reason: _____

Bursar's Office Name: _____

Signature: _____ Date Processed: _____