Student Emergency Loan Program Application

Email application to gradfinance@stonybrook.edu

Name _____ SBU ID _____

Address Line _____

Apt/Suite _____ City _____ State _____ Zip Code _____

Program _____

Loan Request Information

Amount Requested $_____(Max. $2000.00)

Reason for Request:

Note: You may attach, or we may request, appropriate documentation of need for loan.

Will you have funds available for repayment within 90 days?   _____ Yes   _____ No

Please Explain Your Repayment Plan:

Certification and Agreement

I certify that I am a full-time matriculated Stony Brook student in good academic/financial standing with the University, and all statements made by me on this application are true to the best of my knowledge. I understand that I am incurring an obligation to the University at Stony Brook and that it is my responsibility to repay this loan no later than 90 days from the date of approval. I understand that this loan is interest free. I understand and agree that if I fail to repay this loan, for any reason, I will be subject to University sanctions such as being ineligible to register for classes, withholding of transcripts and diplomas, and being held liable for outstanding charges to the University.

_____ _____ _____
Student Name   Signature   Date

Amount $_____   Approved _____ Denied _____

Date _____   **Repayment Date** _____

Reason for Denial or Adjustment Requested:

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_____ _____ _____
Authorized Name   Signature   Date