



2018-2019 Emergency Loan Application

Last Name First Name MI SWC ID Number

Emergency Loans are:

- Available as funds allow.
• In the amount of \$150.00 and will carry a service fee of \$6.00.
• Only 1 Emergency Loan may be taken out per semester.

A. Emergency Loan Request

- 1. I am requesting an Emergency Loan for: [] Fall 2018 [] Spring 2019 [] Summer 2019
2. I am enrolled in this many units for the semester: _____
3. I wish to have my Emergency Loan as a (please select ONE):
[] CHECK - Available for pick up in 3-5 business days in the Cashier's Office at one of these locations (check one):
[] Chula Vista Campus (Cesar Chavez Student Services Center, 1st Floor)
[] Higher Education Center (HEC), National City
[] Higher Education Center (HEC), Otay Mesa
[] Higher Education Center (HEC), San Ysidro
[] BOOKSTORE CREDIT - Available by 12:00 pm the following business day. Student must take copy of the Emergency Loan Application and Student ID to the Bookstore. Any funds not used for books or supplies may be refunded in cash 45 days AFTER the issuing date of the loan.

B. Applicant Declaration

I promise to make repayment in full within 45 days, to respond to all business relating to this loan and to notify Southwestern College of any change of address, name or phone number. Furthermore, I understand that there is a service charge of \$6.00. A 10% late fee will be added to the unpaid balance after the due date and I will be ineligible for any future loans.

If repayment is not made on my part by the date indicated below, I understand that an "Administrative Hold" will be placed on all college records and that after 45 days, my account will be turned over to CoTop, with all costs to be paid by me in addition to the loan amounts and fees due.

Repayment is made at any Cashier's Office (Chula Vista campus, Cesar Chavez Student Services Center, 1st floor; or any of the Higher Education Centers, Student Services Department).

My Emergency Loan Balance is: \$156.00 Date Due: _____

Student Signature Date

Financial Aid Office Use Only:

[] 6+ Units Enrolled (SASM) [] Holds (PERC) [] Current Loan/Other Balance (ARSI) [] Email Bkst

Approved: Staff Name (Print) _____ Signature _____ Date _____