

**BATEMAN EMERGENCY LOAN APPLICATION**

Laker ID #

Full Name

Last First Middle

Local Address Street/Dorm/Apartment

Email City State Zip

Local Phone # ( )

Cell Phone # ( )

Undergraduate Graduate

Driver’s License Number State

Expected Graduation Date (month/year)

Birth Date

State the reasons a loan is needed. Include information about the circumstances, which have created the emergency and the purpose for which funds are needed.  **Continue on a separate sheet of paper if necessary.**

List the names, phone numbers, and complete addresses of one parent (or relative) and one NON-STUDENT, living at different addresses, who will always know your address. They should not have the same address as the local address listed above. **The loan will not be approved without this information**.

1. Parent’s/relative’s name street, city, state, zip area code & phone #

2.

Non-student’s name street, city, state, zip area code & phone #

Amount Needed $ \_\_\_\_ A short-term promissory note is also required.

Sources of Repayment (be specific): NOTE: This loan must be repaid by the LAST DAY OF CURRENT SEMESTER CLASSES.

Current Employment\_\_\_\_\_\_\_\_\_\_ Financial Aid\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have an outstanding student emergency loan? Yes No

Do you have any outstanding, past due university charges for tuition, fees, etc? Yes No

**Applicant’s Signature Date**

**Bursar’s Approval \_Date**

Bursar’s Office Fax Number (678) 466-4299 Email - [bursar@clayton.edu](mailto:bursar@clayton.edu)

(If submitting by fax or email, send with a copy of your Laker ID card.) Revised 8/23/18