

LOAN APPLICATION

Applicant's Name _____

Stony Brook I.D. # _____ Expected Graduation Date _____

Department _____

Present Address _____

Permanent Address _____

Phone Number Work _____

Home/Cell _____

E-mail address _____

Eligible for Subsidized Federal Loan? _____ Yes _____ No

Amount of loan requested \$ _____ (Maximum \$2000)

Please give a general description of the reasons regarding the need for this loan (you do not need to give detailed personal information which you wish to keep confidential).

Please provide an itemized estimate of your expenses related to this emergency (for example, estimated travel expenses, items to be replaced, etc): _____

By submitting this form I understand that funding for this loan was donated by Stony Brook graduate students and that I will be required to pay it back, in full, within a period of three (3) months. This agreement is contingent on the submission of any paperwork the GSELF Committee deems pertinent and necessary to your case.

Signature _____

Date _____

For office use only:

___ Approved ___ Denied

Amount of Loan _____

GS A/GSELF Committee Chair _____ Date _____

GSO Executive Officer _____ Date _____

Comments (including reasons for denial) _____

