

California State University, San Bernardino  
**EMERGENCY EDUCATIONAL LOAN APPLICATION**

Email a signed, scanned copy of this form to sfs@csusb.edu from your CSUSB issued email address.

**This application can be used for a Personal Emergency Loan from \$50 up to \$600 OR a Major Emergency Loan to cover the cost of tuition.**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Coyote ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Local Phone#: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Employer's Phone#: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Reason for requesting Emergency Loan funds: \_\_\_\_\_  
Is this Emergency Loan to be used specifically for Tuition and Fees? YES / NO  
How I plan to repay these funds: \_\_\_\_\_

**REFERENCES**

REQUIREMENTS FOR REFERENCES:

- Must have different addresses and cannot be from the same household
- Faculty and Staff are NOT acceptable references
- References will be checked if account becomes delinquent

Name:	Complete Address:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EMERGENCY EDUCATIONAL LOAN AGREEMENT**

I, \_\_\_\_\_, Coyote ID# \_\_\_\_\_ agree to pay California State University, San Bernardino, the Emergency Loan in full on or before the due date. The loan amount needed is \$\_\_\_\_\_. The loan shall be repaid on or before the last day of class instruction for the current quarter, which is \_\_\_\_\_ (\_\_\_\_\_ initial).

If I fail to repay the Emergency Loan in full by the due date, I will have 1) all applications for future Emergency Loans declined; 2) all services from the University, including provision of academic transcripts, denied; 3) the Emergency Loan referred to a collection agency; 4) the delinquency reported to a credit bureau; and 5) offset of future state tax refunds.

In the event of failure to repay the Emergency Loan by the due date, I agree to pay a \$25.00 late fee on any delinquent amount. I also consent to the release of information concerning any delinquent amount including the disclosure of my cell phone number to other persons or entities reasonably necessary to aid the University or its agents and contractors in the repayment of the delinquency. I agree to pay reasonable collection costs, including attorney fees and courts costs, incurred in collection any amount not paid when due. (\_\_\_\_\_ initial).

I authorize deduction by the University from any Financial Aid awarded to me of any delinquent amount of the Emergency Loan due from me to the University. I understand that if my Financial Aid is released and I have taken an Emergency Loan out that my Financial Aid may apply to the outstanding amount. Financial Aid recipients should not rely on Financial Aid to pay this debt. (\_\_\_\_\_ initial).

\*Financial Aid from a new academic year CANNOT pay a prior year balance per Federal Regulations. (\_\_\_\_\_ initial).

**I agree to the following:**

I understand I can only receive one (1) Emergency Loan per Academic Year (fall through summer). I acknowledge my account is in good standing up to the current terms tuition and fees. I acknowledge that I am a full or part-time student with a cumulative GPA of no less than 2.50. I acknowledge that Emergency Loans may be granted from \$50.00 to \$600.00. I acknowledge that Major Emergency Loans may be granted to cover 100% of all fees including State University Fees, Mandatory Fees, Credential, and Graduate Fees, and funds are applied to fees only; checks are not given to the borrower. I agree to pay California State University, San Bernardino an origination fee of \$25.00. I agree to report any changes in my permanent address to the Records Office. I will make all payments to Student Financial Services, University Hall; Room 035. I have been informed that if my Emergency Loan repayment is late I will be ineligible for any future Emergency Loans. I have been informed that if my Emergency Loan repayment is late I will have a hold placed on my account and will not be able to enroll for the next term or if already enrolled, I may be dropped from all my classes.

**By signing below, I manifest my agreement to all of the provisions of this Emergency Educational Loan Agreement**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Check signed over (Major Emergency Loans ONLY)**

Signature \_\_\_\_\_ Date: \_\_\_\_\_