



APPLICATION FOR CHATFIELD STUDENT AID:

VINCENT ORLANDO EMERGENCY LOAN

The "Orlando Loan" is a short-term revolving loan fund made available to students when financial aid is not yet payable at the time specific educational charges are due, or when an unexpected expense (within the \$200 maximum) threatens a student's ability to continue in college. The amount of Orlando Loan is charged to the student's account. Repayment is usually made from other financial aid funds as they become available, but in some cases the student may be permitted to pay off the loan from his/her own resources. When the Business Office has authorized the loan for expenses other than institutional charges, a College check or EFT is issued to the borrower. Two weeks should be allowed for this process if possible.

I am applying for a Vincent Orlando Emergency Loan at Chatfield College. I understand that the loan must be paid back within the same academic year in which it is borrowed, and that I must be enrolled in 6 credit hours or more in order to be eligible. My request is not above \$200.

Amount I am requesting: \$ \_\_\_\_\_

Term for which the loan is to be used: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

Purpose for which the loan is to be used:

- \_\_\_\_ Books for Chatfield courses
- \_\_\_\_ Books and/or course fees for courses taken through Consortium cross-registration (name of college \_\_\_\_\_)
- \_\_\_\_ Child care
- \_\_\_\_ Transportation
- \_\_\_\_ Other (please explain: \_\_\_\_\_)

The loan will be repaid by this date \_\_\_\_\_  
from \_\_\_\_ grant aid \_\_\_\_ student loan \_\_\_\_ my payments

\_\_\_\_\_  
Print Name Clearly                      Student Signature                      Date  
Current Address: (Street Address incl. Apt.#) \_\_\_\_\_  
(City and ZIP) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ Student's financial aid is sufficient to cover repayment.

\_\_\_\_ Financial aid is not sufficient to cover repayment; student payments needed.

\_\_\_\_\_  
Director of Financial Aid                      Date

Amount Authorized: \$ \_\_\_\_\_

\_\_\_\_\_  
Business Office Representative                      Date