

SMMC EAGLE SUPPORT APPLICATION

Fund: _____

Semester: _____

Date: _____

 Loan Intake Survey Completed

Name: _____

First

Middle

Last

ID #

Cell _____ Personal Email _____

Local Address: _____

Permanent Address: _____

Personal Reference (*cannot be a current UNT student*):

Name: _____ Phone: _____ Email: _____

Loan Information:

Expense 1 (itemized description): _____ \$ _____

Expense 2 (itemized description): _____ \$ _____

Expense 3 (itemized description): _____ \$ _____

TOTAL Requested Amount = \$ _____

Why do you need this loan? Include any relevant information:

How will you repay this loan? Check all that apply

Financial Aid

Employment

Co-Signer/Family

Other

Financial AidHave you received aid yet? Yes: \$ _____ No: Why? _____**Employment**

Employer: _____ Hourly/Monthly Wage: _____ Weekly Hours: _____

Co-Signer/Family Support

Co-signer: _____ Relationship: _____ Phone: _____

Other

Type: _____ Amount of other income: _____ Date to receive: _____

I certify the information contained in this application, to the best of my knowledge, is true and correct.

Signature_____
Printed Name_____
Date*****Please save this document as a PDF and email it to moneymangement@unt.edu*****