



Student Financial Services Office • 197 Franklin St. Auburn, NY 13021
315-294-8470 • Fax - 315-252-2185 financialservices@cayuga-cc.edu

EMERGENCY LOAN APPLICATION

Emergency loans may be granted for certain extenuating circumstances. Documentation of your expenses may be requested. Students are limited to one Short-Term and one Advance Loan per semester. In rare situations, a second emergency loan may be granted if a student does not have an outstanding balance due from the first loan.

Cayuga Community College provides two types of interest free loans to assist students with emergency financial needs:

- (1) a Short-Term Loan up to \$50 which is due within 30 days and
- (2) an Advance Loan up to \$250, based upon verified expected financial aid, and due within 30 days.

Emergency loans require 24 business hours processing time. Emergency loans will not be processed one week prior to the disbursement of financial aid refunds.

Applicant Information

Loan Amount Requested \$ _____

Date _____

Name _____

C# _____

Address _____

Phone # _____

Purpose of the loan _____

Preferred pick up location is the Student Financial Services Office at the: (mark one):

Auburn Financial Services Fulton Financial Services or Mail to address above

I give permission to have this loan paid by my financial aid, however, in the event that I am unable to pay this loan by the due date, I understand that I will be responsible for repayment. Additionally, I understand that if I am unable to pay back the loan, the loan amount may be sent to a collection agency and that I may be obligated to pay collection fees. If I have been given an Advance Loan I realize that I am responsible for repayment if I do not have sufficient financial aid to cover the amount of the loan or if my financial aid does not process in time.

I have read and understand the terms outlined above in regards to receiving an emergency loan.

Student Signature _____ **Date** _____

(DO NOT WRITE BELOW THIS LINE)

Loan Amount \$ _____ Type: Short-Term Advance

Approved _____ Date _____

Student Financial Services Office: Date Issued _____ Check # _____ Processed by _____

Promissory Note - I, _____, promise to pay to Cayuga Community College
Student Financial Services Office, 197 Franklin Street, Auburn, NY, the sum of \$ _____ dollars on or before the
____ day of _____, 20 _____.

Sign upon pickup of emergency loan check:

Student Signature _____ **Date** _____