

Office Use Only:

Check #:	_____
Loan Type:	<u>DOS ISS Augusta</u>
Check Date:	_____
Check Amt:	_____
Enter Judicial Action:	Y N

**APPLICATION FOR THE DEAN OF STUDENTS CRISIS LOAN, INTERNATIONAL STUDENTS ASSISTANCE FUND, OR THE AUGUSTA CARLSON MEMORIAL STUDENT LOAN FUND**

<b>PLEASE PRINT</b>	
Name: _____	
_____ Last,	_____ First _____ M.I.
ID Number: _____	Visa Status: _____
Phone: ( ) - _____	
Email: _____	Current address: _____
Date of Birth: / /	City/State/Zip: _____
Are you a currently enrolled student?	Permanent address: _____
Yes _____ No _____	City/State/Zip: _____
Anticipated graduation date? _____	Student athlete? Yes _____ No _____
School/college: _____	Referred by: _____

What is your reason for a loan request? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What extenuating circumstances should we consider when reviewing your application? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the amount of this request, and your reason for requesting this particular amount? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What other resources have you already investigated? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you plan to pay this back? \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE STOP HERE**

