

Application Instructions:

- Schedule an appointment to complete this process with a Financial Aid Advisor by calling 276.964.7724.
- Complete **ONLY** Section 1 ahead of time if possible.
- When you arrive for your appointment, you must present:
 - Application (Section 1 only)
 - Driver's Licenses for Applicant and Co-Signer
 - Social Security Cards for Applicant and Co-Signer
- Both parties must be present in order to verify identity and provide signatures on page 2 in front of a staff member.

SECTION 1: APPLICANT INFORMATION

Name _____ Social Security Number _____

Address (Physical) _____ City _____ ST _____ Zip _____

Address (Mailing) _____ City _____ ST _____ Zip _____

Phone (home) _____ (cell) _____ (work) _____

CO-SIGNER INFORMATION

Co-signer Name _____ Social Security Number _____

Address (Physical) _____ City _____ ST _____ Zip _____

Address (Mailing) _____ City _____ ST _____ Zip _____

Phone (home) _____ (cell) _____ (work) _____

I, the applicant, am requesting an emergency student loan in the amount of _____.
(Loan Amount)

The purpose of the is loan is to pay for tuition and books only, and will be used to attend classes at Southwest Virginia Community College. The loan will be repaid on or before _____ with source of repayment being _____
(Date)

I understand this loan must be repaid regardless of enrollment status. _____
Initials Initials

PROMISSORY NOTE – TO BE COMPLETED IN THE PRESENCE OF A FINANCIAL AID STAFF MEMBER

We _____, _____ promise to pay to
(Borrower) **(Co-Signer)**

the order of Southwest Virginia Community College on or before _____, the sum of _____,
(Date) **(Amount)**

representing an emergency loan received by us on _____. This loan is to be paid at the Business Office
(Date)

at Southwest Virginia Community College, Richlands, VA.

We understand that this loan constitutes our financial obligation to Southwest Virginia Community College. If we default on this loan, we are subject to administrative and/or legal action by the College. The College reserves the right to advise credit investigate and reporting agencies in the event that prior collection efforts are unsuccessful. We further understand that the College reserves the right to authorize collection activities to collect all accumulated penalties and interest, and where applicable collection and attorney fees as well as other administrative costs associated with the loan.

(Borrower's Signature)

(Date)

Co-Signer: You are being asked to guarantee this debt. When signing this document, you are agreeing to pay for this debt if the borrower defaults on this loan.

(Co-Signer's Signature)

(Date)

Staff Member: I verify that I have confirmed the identity of both the applicant and the co-signer through an in-person meeting and by reviewing the attached Driver's License and Social Security Card for both individuals.

(Financial Aid Staff Signature) - Witness

(Date)

BUSINESS OFFICE USE ONLY

Authorized Amount \$ _____

Approval Signature _____
(Business Office Manager or designee)

(Date)