



UNIVERSITY OF WASHINGTON
APPLICATION FOR STUDENT LOAN

LOAN AMOUNT \$ _____	Loan Type (select one only): <input type="checkbox"/> Departmental <input type="checkbox"/> Cosigner <input type="checkbox"/> Basic Emergency Loan <input type="checkbox"/> Secured Advance	Loan Purpose: <input type="checkbox"/> Tuition <input type="checkbox"/> Books/Supplies <input type="checkbox"/> Housing <input type="checkbox"/> Other (specify) _____
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Name (Last) _____ (First) _____ (Middle) _____		
Student Number _____	Soc. Sec. Number (voluntary)* _____ <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Non-Matriculated	
Major _____	How many credits are you registered for this quarter? _____	
Loan repayment source: <input type="checkbox"/> Financial Aid <input type="checkbox"/> Work <input type="checkbox"/> Other (specify) _____		
Have you ever had a UW Short Term Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number or State ID Number _____	State _____	Marital Status _____
Spouse's Name _____	Your Prior Name _____	

YOUR ADDRESS

Your Address _____	Street _____	Apt. _____	Home Phone _____
City _____	State _____	Zip _____	

EMPLOYER INFORMATION

Employer _____	Phone _____
Address _____	Street _____
City _____	State _____ Zip _____

PARENTS INFORMATION- If parents are deceased, list guardian or nearest relative:

Name _____	Phone _____
Address _____	Street _____ Apt. _____
City _____	State _____ Zip _____

REFERENCES- Addresses must be different from yours or parents:

Name _____	Phone _____
Address _____	Street _____ Apt. _____
City _____	State _____ Zip _____
Name _____	Phone _____
Address _____	Street _____ Apt. _____
City _____	State _____ Zip _____

SIGNATURE

Borrower's Signature _____	Date _____
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STUDENT: COMPLETE THIS SECTION FOR COSIGNER LOANS ONLY (by providing information about the cosigner who must not be a student or a University of Washington employee);

Cosigner's Name _____	Home Phone _____
Address _____	Street _____ Apt. _____
City _____	State _____ Zip _____
Cosigner's Employer / Source of Income _____	Phone _____
Address _____	Street _____
City _____	State _____ Zip _____
Co-signer is not required to sign here; co-signer will sign the co-signer documents.	

*** PRIVACY ACT NOTICE**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). Social Security Number (SSN) information is collected for the purpose of positively identifying institutional loan applicants prior to disbursing loan proceeds. Disclosure of your SSN on this loan application form is voluntary.

FOR DEPARTMENT USE ONLY

Amount \$ _____ Fund No. 70- _____ Fund Name _____ Note No. _____ GAO Vendor L _____ Interest Rate _____ Check Date _____ Check No. _____	REPAYMENT For Short-Term Loans Only <input type="checkbox"/> In full by due date _____; <input type="checkbox"/> In _____ monthly installments (# of installments) Beginning _____ / 15 / _____ and (mo.) (day) (yr) Ending _____ / 15 / _____ (mo.) (day) (yr) <input type="checkbox"/> Or upon demand when financial aid is received. <input type="checkbox"/> Cash only
DEPT. SIGNATURE _____	DATE _____