



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. _____	<b>REPAYMENT</b> <b>For Short-Term Loans Only</b>  <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 _____