

STAFF LOAN FUND APPLICATION

DATE: _____

NAME: _____

DART ID: _____

ADDRESS: _____

DEPT: _____

I would like to request a loan from the Staff Loan Fund in the amount of \$_____ (maximum of \$1,000.00). The loan will be repaid in bi-weekly amounts of \$_____ (the loan must be paid back within a 10 month period, i.e. a \$1,000.00 loan, the minimum repayment would be \$50.00 based on twenty deductions).

I am requesting the loan for the following reason(s): (please be as specific as possible)

I understand that upon approval of the loan I will not be eligible to receive another Staff Loan for a period of two (2) years.

I can be reached by phone at _____, and my Hinman box # is _____.

I can be reached by Dartmouth Email YES NO

** Please note: Approval depends on availability and eligibility. Upon being approved, processing time will take between 10-12 days.*

Applicant Signature: _____

FOR OFFICE USE ONLY

With Application:

ID Presented: _____

Date: _____

Reviewers Initials: _____

A/P Direct Deposit? _____

To Sign Forms:

ID Presented: _____

Date: _____

Reviewers Initials: _____

For Check (if applicable):

ID Presented: _____

Date: _____

Reviewers Initials: _____