

SAN JOSÉ STATE UNIVERSITY
School of Nursing

EMERGENCY LOAN APPLICATION

Guidelines

- 1. Please print and then type or neatly print application.
2. Fill out each blank with correct data. Do not make check marks in the spaces of items which request amounts of expenditures. We need the exact figures.
3. Submit the following to the Retention Coordinator at the School of Nursing (HB 420):
a. Application
b. Promissory Note

Criteria which will be used to grant the loan

- 1. Financial need of the student.
2. Degree and nature of outside responsibilities (such as work and family obligations).
3. Good standing in the program.

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Full Name (Last) (First) (M.I.) Semester Level in Nursing

Social Security Number

Home address Phone ( )

Email

(City, State, Zip Code)

College address Phone ( )

Email

(City, State, Zip Code)

Ethnic background Marital status

Nursing Interest Area

1. Academic achievement GPA in Nursing GPA Overall

2. Current Nursing Activities (e.g. School Committees, Volunteer Work, School, University, Process Rep, CNSA Officer)

Describe involvement:

3. Employed? Hours per week:

Place of employment

Work phone ( ) ext.

Describe type of employment

4. Are you? a nurses aid an R.N. an LVN Other health care position

5. Financial Need

<b>EXPENSES (note monthly and semester)</b>			
<b>General Expenses per semester</b>	<b>Amount (fill in blank)</b>	<b>School Expenses per semester</b>	<b>Amount (fill in blank)</b>
Rent/board and room		Books	
Utilities		Tuition	
Food		Uniforms	
Car Insurance		Equipment (scissors, stethoscope, etc.)	
Car Payment		Health Insurance	
Gasoline		CNSA/Malpractice	
Medical/Dental		Other	
Other			
<b>Total General Expenses</b>		<b>Total School Expenses</b>	

<b>STUDENT'S SEMESTER NET INCOME</b>	
Students's wages, tips, etc.	
Spouse's wages, tips, etc.	
Other income	
Parent's contribution	
Grants/scholarships	
Loans	
Social Security benefits	
Other	
<b>Total Resources</b>	
<b>Total Resources available for education</b>	

6. Indicate the responsibilities you have outside of school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Indicate financial aid or scholarships you have requested. \_\_\_\_\_

\_\_\_\_\_

8. Are you a parent? \_\_\_ Number of dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

9. Unanticipated/emergency expenses: \_\_\_\_\_

10. Unusual predicted expenses (e.g. need new car, child's braces): \_\_\_\_\_

I, the undersigned, declare my intention of completing the nursing program at San Jose State University. The information provided is truthful to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*ALL INFORMATION ON THIS APPLICATION IS VOLUNTARY AND WILL BE HELD IN STRICTEST CONFIDENCE.*

## Promissory Note

\_\_\_\_\_  
(Date)

San José State University School of Nursing:

I, \_\_\_\_\_, agree to pay back my  
(Student Name - PRINT)

emergency loan of \$500.00 granted to me. I will pay this amount by \_\_\_\_\_.  
(Repayment Date)

Sincerely,

\_\_\_\_\_  
(Student Signature)