



COLLEGE OF THE SISKIYOU
STUDENT SERVICES STUDENT EMERGENCY LOAN OR GRANT
800 COLLEGE AVENUE, WEED, CA 96094

(PLEASE FILL OUT ONLINE OR COMPLETE LEGIBLY IN **INK** AND ATTACH COPY OF YOUR SCHEDULE)

Student S# _____ Date: _____

Name: _____

Number of Units Enrolled: _____ (*LOANS ARE FOR STUDENTS ENROLLED IN 6 UNITS OR MORE ONLY*)

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please state your reason for applying for an emergency loan and the purpose for its use (attach appropriate documentation):

Amount Requested: \$ _____ I will repay the loan in full by: _____

Source of Repayment for loan (i.e. wages, assistance, financial aid, etc.) _____

If repayment is from employment

Employer's / Supervisor's Name: _____ Phone: _____

References (*one must be parent, guardian or other family member*)

Reference 1

Name: _____ S# (if applicable) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Reference 2

Name: _____ S# (if applicable) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

All of the above statements are true to the best of my knowledge. By signing this document, I attest that I have read, understand, and agree to the terms of the Emergency Loan and Grant Guidelines and authorize College of the Siskiyous to call my employer and/or references.

Signature: _____

Date: _____

Check received:

Signature: _____

Date: _____

Return signed document to the Student Services Office.

FOR OFFICE USE ONLY

Date Received: _____

Reviewed by (initials) _____

Reviewed By (initials): _____

Approved: Yes No

Referred to Foundation: Yes No

Comments:
