

Emergency Loan Application - Employee



Trinity University

Name: _____
(please type or print)

Date: _____

Address: _____
City, State, _____
Zip: _____

SSN: _____

Telephone: _____

Have you had an Emergency Loan Before?

Are you on probation:

Yes _____ No _____

Yes _____ No _____

Amount Requested:

Reason for Loan request:

Terms of repayment (must be less than six months):

Signature of Applicant

Supervisor

Department Chair or Director
(please print or type)

Kristi McMurdy

Loan Facilitator – Business Office
(please print or type)

Signature – Department Chair/Director

Signature – Loan Facilitator – Business Office