

EOPS EMERGENCY LOAN APPLICATION

GLENDALE COMMUNITY COLLEGE
Extended Opportunity Program and Services

EMAIL TO:
ekadkhod@glendale.edu

APPLICATION MUST BE COMPLETE IN FULL PRIOR TO APPROVAL

GCC ID # _____

Name _____
Last First Middle Spouse's First Name

Address _____ (_____)
No. Street City State Zip code

Phone No. (_____) _____ Birth Date _____

Driver's License State _____ Driver's License Number _____

Name of nearest relative not residing at the above address _____
Name

Address _____, _____ Phone (_____) _____
Street City State Zip Code

Student's Current Employer _____ Phone (_____) _____
Name

Amount of Loan Requested (not to exceed \$300) _____ **LOAN TO BE REPAID FROM FIRST AVAILABLE FINANCIAL AID CHECK**

Provide the reason for loan (books, transportation, school supplies) _____

PROMISSORY NOTE:

I, _____
Name Last Name

declare that the statement submitted by me in connection with the determination of my loan are and each of them is, true and correct, and if the loan is granted, I agree to pay this obligation according to its terms; to keep the Extended Opportunity Program and Services office at Glendale Community College informed of my current address as long as any portion of this loan remains unpaid and to answer all correspondence promptly concerning this obligation. I have read and agree to the terms stated on the front and back of this application. I AUTHORIZE THE COLLEGE TO ENDROSE MY FINANCIAL AID CHECKS TO PAY THIS LOAN. I further understand that if my emergency loan becomes delinquent it will be assigned to collection agency and to the State Franchise Tax Board for collection through the State Chancellor's office.

FOR OFFICE USE ONLY

Loan fund Name EOPS School Year _____/_____/_____ Units Enrolled _____

Amount of Loan \$ _____ Repayment Date _____ Approved _____ Denied _____

Authorization _____

Date _____