## University of South Carolina - Controller's Office Application for Graduate Assistant Emergency Financial Burden Loan

Instruction: Please complete Sections I and II. For items which do not apply write "Not Applicable". Read the Graduate Assistant Emergency Financial Burden Loan program information in the promissory note. Failure to provide accurate information may result in an Honor Code violation.

| Section I - Applicar  | nt Information   |                         |                          |             |  |
|---|--|-------------------------|--------------------------|-------------|--|
| Name  |  |                         |                          | USC ID      |  |
| Local Address   |  |                         |                          | _           | Phone  |
| City  |  | State                   |                          | Zip         |  |
| Permanent Address   |  |                         |                          | _           | Phone  |
| City  |  | State                   | _                        | Zip         |  |
| Expected graduation of  | date   |                         |                          |             |  |
| Department for Gradu  | ate Assistantship: Provide Dep   | oartment Name, Conta    | act and Pho              | one Number  |  |
| Number of hours per week  |  |                         | Monthly Income from work |             |  |
| Are you receiving stud  | lent loans?  | NO                      | YES                      | If yes, con | nplete all that apply:   |
|   | Direct Unsubsidized Loan   | Amount per year         |                          |             | _  |
|   | Grad Plus Loan   | Amount per year         |                          |             | _  |
|   | Private Education Loan   | Amount per year         |                          |             | _  |
| Approxima   | ate monthly expenses (rent, foo  | d, transportation - do  | not include              | tuition):   |  |
| Section II - Loan Int   | formation  |                         |                          |             |  |
| Please explain nature   | of the financial burden and why  | y you are unable to pro | ovide your               | own funds.  |  |
|   |  |                         |                          |             |  |
|   |  |                         |                          |             |  |
|   |  |                         |                          |             | luate Assistant. Failure to remain count and sent to collections if the loan |
|   | licate that I have read and unde<br>I am eligible for this loan as a C |                         |                          |             | nancial Burden Loan program. I<br>ent terms above.                           |
| Signature   |  |                         | Date                     |             |  |
| College/Department/Program Approval                             |  |                         |                          |             | Date   |
|   |  |                         |                          |             |  |
| DO NOT WRITE BELOW THIS LINE - FOR CONTROLLER'S OFFICE USE ONLY |  |                         |                          |             |  |
| Date of Loan  | e of Loan Amount   |                         |                          |             |  |
| Approved by:  |  |                         |                          | _           |  |
|   |  |                         |                          |             |  |