Office of the Bursar
One John Marshall Drive
Huntington, WV 25755-4200
Phone: 304/696-6620
Fax: 304/696-3588

EMERGENCY LOAN APPLICATION/PROMISSORY NOTE COVID-19

NAME _____ STUDENT ID# _____
Last First MI

LOCAL ADDRESS: _____
Street City State Cell Phone

PERMANENT ADDRESS: _____
Street City State Zip Phone

E-MAIL ADDRESS: _____ CLASS STANDING: _____ COLLEGE: _____

EMPLOYMENT: _____
Name City State Phone

AMOUNT REQUESTED:
(Maximum Amount $250.00) _____ PURPOSE OF EMERGENCY LOAN: _____

MEANS OF REPAYMENT: _____

***** OFFICE OF THE BURSAR USE ONLY *****

REPAYMENT AMT: **$** _____ DUE DATE: _____

SEMESTER: _____ CHECK NUMBER: _____

By signing below, I promise to repay Marshall University the repayment amount listed above in full by the indicated due date. The processing fee of $10.00 is waived as a result of this COVID-19 application. I understand that I will have 60 days to repay this emergency loan.

I understand that a financial obligation hold will be placed against my student account if I fail to repay in full the total amount due by the due date. In accordance with University Policy, this hold will prevent the Office of the Registrar from granting any subsequent requests for transcripts or registrations until my account is cleared of all unpaid financial obligations.

I authorize Marshall University and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

_____ _____
Borrower's Signature Date

_____ _____
APPROVED BY: Date