

## COLLEGE OF THE SISKIYOUS 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:	(Students must be enrolled in 6 units or more	of for credit classes – attach schedule)
Street Address:		
City:	State:	Zip:
Email:		Phone:
Please state your reason for applying for	an emergency loan and the purpose for its use (atta	ach appropriate documentation):
Amount Requested: \$(Maximum request - \$200)	I will repay the loan in full by:	
Source of Repayment for loan (i.e. wages	s, assistance, financial aid, etc.)	
If repayment is from employment		
Employer's / Supervisor's Name:		Phone:
References (one must be parent, guardic		
		S# (if applicable)
Street Address:		
		Zip:
Email:	State:	
Email:  Reference 2		Zip:Phone:
Email:		Zip: Phone: S# (if applicable)
Email:		Zip: Phone: S# (if applicable)
Reference 2 Name:		Zip: Phone: S# (if applicable)

Check received:			
Signature:		Date:	
Return signed document and copy	of current semester class schedul	e to Base Camp Headquarters a	t Weed Campus.
FOR OFFICE USE ONLY			
Date Received:			
Reviewed by (initials)		Approved: [	□ Yes □ No
Referred to Foundation: ☐ Yes ☐			
Comments:			