

Henry Ramsey, Jr. Revolving Emergency Loan Fund Application and Promissory Note

RETURN TO:

**Alumni Engagement
2203 Alumni & Visitors Center
(Adjacent to Bannockburn Village)
Riverside, CA 92521
Monday-Friday, 8:00 a.m.- 5:00 p.m.
Phone: (951) 827-2586
FAX: (951) 398-4887
ucralum@ucr.edu
www.alumni.ucr.edu**

FOR OFFICE USE ONLY

Units: _____	Anticipated Graduation Date: _____	REL Fund: 03280
Term: _____	Cumulative GPA: _____	
Approved Amount: \$ _____	Approved By: _____ Date: _____	Repayment Date: _____ Original Docs to SBS <input type="checkbox"/>

Please type or print in ink (Blue or Black)

Amount Requested: \$ _____	Date: _____
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PERSONAL INFORMATION

Name: _____	Student ID: _____
Local Address: _____	
Local Phone #: _____	
Permanent Address: (if different than above) _____	
Permanent Phone #: (if different than above) _____	
E-Mail Address: _____	Driver's License (state & number): _____

EMPLOYMENT INFORMATION (IF APPLICABLE)

Employer's Name: _____	Phone #: _____
Employer's Address: _____	

REPAYMENT INFORMATION (SOURCE OF REPAYMENT)

Work: <input type="checkbox"/> Other: <input type="checkbox"/>	If other, explain: _____
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NATURE OF EMERGENCY (EXPLAIN FULLY AND SUBMIT DOCUMENTATION WITH APPLICATION)

PROMISSORY NOTE

I _____ do promise to pay THE REGENTS OF THE UNIVERSITY OF CALIFORNIA without interest if paid in upon agreed term within thirty (30) days or a delinquent hold will be placed on my account without further notice.

Should it be necessary for me to leave campus before the due date of this loan, I will immediately repay, or I will contact the Student Business Services Office regarding repayment arrangements. **I understand my failure to comply with the obligations of my financial responsibility at UCR will result in a hold on my student account preventing readmission, release of transcripts, and diploma.** Failure to pay may result in, but is not limited to, collection efforts by the campus indicating an unfavorable credit rating, offset of state income tax refund, referral to an outside collection agency and/or litigation.

I understand if **I DO NOT REPAY THIS LOAN PROMPTLY, or make arrangements for extension of repayment with the Student Business Services Office, I WILL LOSE ELIGIBILITY FOR SUBSEQUENT EMERGENCY LOANS for one (1) year** from the date of repayment.

I understand that this application is subject to approval. I further understand that any false statement or misrepresentation will be cause for denial of this university emergency loan.

Signature: _____	Date: _____
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(MUST SIGN AND SUBMIT APPLICATION IN PERSON)