

## INSTITUTIONAL SHORT TERM LOAN **APPLICATION**

## **Loan Requirements:**

- 1. Must be enrolled.
- 2. Must be maintaining satisfactory progress.
- 3. Must be cleared of <u>all</u> debts to the college.

4. Must show evidence of financial aid or ability to repay the loan.

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Semester: Spring 2024	Amount requested_	(Maximum Of \$500.00)	
(Please print in black or blue ink.)			
Name	MCC.I.D#	Phone No	
Address	City	StateZip	
E-mail Address	Cell 1	Cell Phone No	
Why do you need the loan?			
How will you repay the loan?			
Employer_	Position	Salary	
Work address	City	StateZip	
<ol> <li>Complete FAFSA at <a href="www.stu">www.stu</a></li> <li>Accept Loan Award on Web A</li> <li>Complete Master Promissory</li> </ol>	following steps before this applicated dentaid.gov. Advisor Note and Entrance Counseling at w.		
application. Incomplete applications v	vill not be considered. Processing ti	ck of this application to complete this me is 3 to 4 days. Decisions of approval l be available immediately for use at our	
Applicant's Signature	Date	2	
FOR OFFICE USE ONLY:	PR OFFICE USE ONLY:  Last day to accept STL app 1/27/24		
Approved Denied Reason	Date	FTB?MPN;Loan ECARAC	
HRS EnrolledARAIPERO	C SAPV CRI E	Emailed B.O Other	



## INSTITUTIONAL SHORT TERM PROMISSORY NOTE

## (Please print in blue or black ink)

Name	MCC Student ID #			
For value received, I the undersigned	l borrower do promise to pay to the	e order of McLennan		
Community College, Waco, McLennan County, Texas, the PRINCIPAL SUM of \$, plus a \$10.00 SERVICE CHARGE as follows:				
Last Day to Charge in the Bookstore: January 19, 2024				
<b>Spring Due:</b> <u>March 15, 2024</u>				
I shall have the right to prepay this note in full at any time during regular business hours. I understand that I shall not receive funds from any Title IV student aid program until the note is paid in full. Receipt of these funds shall accelerate the due date.				
In the event that this loan is not paid in full by the said date, I agree to pay a late fee of \$25.00. Further, I understand that a hold will be placed on my records, and that I will not be permitted to re-enroll until the loan is paid in full.				
I agree to pay reasonable collection fees, including court costs, as permitted by law, in the event that this note is placed in the hands of a collection agency or attorney for collection. I further agree that McLennan Community College may retain all awards, degrees, and records to which I would otherwise be entitled.				
All late charges are subject to revision if prior arrangements are made and approved by the Director of Financial Aid or the Director of Financial Services.				
I have read and fully understand the requirements set forth above.				
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Signature	Student ID	Date		
MCC Fax 254-299-6215	Email: financial_a	aid@mclennan.edu		
FOR OFFICE USE ONLY:				
Processed by	Date	_		
Flag in ARAC: STL-SP-24				
Check Request Amount:	Check Number:	Check Date:		