

# ECKERD COLLEGE

## PROGRAM FOR EXPERIENCED LEARNERS

### Application for the Mary E. Miller PEL Student Assistance Loan

The Mary E. Miller PEL Student Assistance Loan Fund has been established by Mary E. Miller (PEL'96) for the purpose of providing short term loans, in the maximum amount of \$500, to continuing PEL students who meet the following criteria: 1) are continuing students with a consistent enrollment history, 2) have been determined to be eligible for financial aid, 3) are to receive aid sufficient to cover current year cost of education and the loan, 4) are to receive a type of aid disbursed through Eckerd College, and 5) are in need of funds for incidental expenses, or extraordinary living expenses prior to the disbursement of the financial aid funds. Its express purpose is to enable PEL students to have resources to fill the gap that can exist between the time a student begins in a class and the time when the financial aid becomes available to the student. **You must provide supporting documentation (e.g., utility bills, medical bills, etc.)**

Name	Student ID#	Date
Address		
Home Phone (    )	Work Phone (    )	
AMOUNT REQUESTED:	E-MAIL:	
REASON FOR REQUEST:		
When the check is ready, please: <input type="checkbox"/> Mail it to me OR <input type="checkbox"/> Contact me to come pick it up ( <input type="radio"/> home phone <input type="radio"/> work phone or <input type="radio"/> email )		

**The terms and conditions of this loan are as follows:**

1. If my application is approved, the loan amount will be credited to my student account.
2. A refund in the amount of the loan will be processed from my student account.
3. When financial aid is disbursed, my student account will be debited for the original loan amount.
4. If for any reason my financial aid is canceled or if I become ineligible for financial aid, I will repay this loan immediately.
5. Failure to satisfy this loan debt will result in a hold placed on my account which will prevent future registrations and transcript requests.

I acknowledge and agree to the above terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMAINDER TO BE COMPLETED BY FUND ADMINISTRATORS**

TYPE OF AID	AMOUNT	DISBURSEMENT DATES	
FSAG			<b>PEL FINANCIAL SERVICES:</b> AMOUNT REQUESTED: _____ DATE RECEIVED BY PFS: _____ ENROLLMENT VERIFIED BY PFS: _____ <b>OFFICE OF FINANCIAL AID:</b> OFA VERIFICATION OF AWARD: _____ OFA AMOUNT APPROVED: _____ <b>BUSINESS OFFICE APPROVAL:</b> _____ _____ _____
FRAG			
PELL			
SUBSIDIZED LOAN			
UNSUBSIDIZED LOAN			
OTHER			
TOTAL AID			
LESS BALANCE DUE			
LESS LOAN REQUEST			
BALANCE (AFTER LOAN)			

**Please submit application to Eckerd College Financial Aid 4200 54<sup>th</sup> Ave. S. St. Petersburg, FL 33711**

FAX TO: 727.866.2304 / PHONE: 727.864.8334