Financial Assistance



LOAN REQUEST

Name:			Student ID number @		
Contact Phone Number:			Amount Requested \$		
Loan requested for:	FALL	SPRING	SUMMER	Academic Year	
Please explain your curreused:	ent financial circu	umstances, why lo	an funds are nee	ded and how they will be	
	(Please use the	back of the page	for additional spa	ace)	
Degree/ Certificate:		When	do you expect to	graduate?	
I certify that the above in my obligation to repays		•		knowledge. I understand t.	
Student Signature:		·	Date:		

Sauk Valley Community College is an equal opportunity employer and is committed to an effective policy of non-discrimination and equal opportunity in all employee and student relations. Except to the extent and subject to the exemptions permitted by law, no qualified employee or student shall be excluded from the employment or educational opportunity, be denied benefits, or be subjected to discrimination on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation (as that term is defined in the Illinois Human Rights Act), marital status, handicap, military status or unfavorable discharge from military service classified as Re-3 or the equivalent thereof.