

MOREHOUSE SCHOOL OF MEDICINE

Promissory Note

Emergency Loan Application

Limited emergency loan funds have been made available by thoughtful individuals and organizations to assist students during times of emergency. THE MAXIMUM LOAN IS NORMALLY \$1,000 AND MUST BE REPAID WITHIN 60 DAYS OR AT THE END OF THE ACADEMIC SEMESTER, WHICHEVER IS EARLIER, IN ORDER TO CONTINUE TO OFFER ASSISTANCE TO ALL STUDENTS.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

State ZIP Code

Phone: _____ Email: _____

Local Address: _____

Class level: _____ Major: _____

Amount of Loan Request: _____

Employer Name: _____ Monthly Earnings: _____

Please explain why you are in need of a short-term loan.

Please explain when and how you will repay the short term loan.

I promise

Morehouse School of Medicine

FINANCIAL AID WITHHOLDING AUTHORIZATION

Controller's Office
Morehouse School of Medicine
720 Westview Drive
Atlanta, GA 30310-1495
Email: askaboutmybill@msm.edu
Telephone: 404-756-8850
Fax: ~~404~~4752-1161

DIRECTIONS