



Short Term Advance for Books Application and Promissory Note

FALL 2009

Carefully read the Instructions on page two. Please submit only one request per semester. Duplicates cause delays.

Name _____ PID _____
First Middle Initial Last

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

Driver's License # _____ State _____ Date of Birth _____
MM / DD / YYYY

Source of Repayment: (Check one box only.)

Financial Aid (up to \$600) \$ _____

VA _____ (up to \$600) \$ _____

*Required VA initials and stamp

Other (up to \$300) \$ _____

VA Stamp _____

Required Reference (Parent or Guardian--see Instructions)

Parents Deceased:

Name _____
First Middle Initial Last

Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

If an emergency exists, please attach a letter of explanation along with supporting documentation, such as unexpected expenses receipts, medical documentation, etc.

Promissory Note

I promise to pay any amount received under this program, plus any other fees that may become due as provided in this note. If I fail to make full repayment of this note when due, I will be charged a late fee and will be subject to collection costs, including attorney fees and court costs. I understand that this is a promissory note, and I have read and understand the Short Term Advance Instructions and Conditions on page two of this contract. All funds disbursed will be direct deposited into the account I set up for this purpose or mailed to the current mailing address shown on the myUCF Web site. I understand that this is an advance that must be repaid. I understand that this is an educational loan and may be non-dischargeable in bankruptcy.

The due date for this Short Term Advance is December 4, 2009.

I understand that a \$5.00 processing fee will be charged to my account for this advance.

I understand that remaining incomplete items on my myUCF To Do List may delay the processing of this Short Term Advance.

Student Signature _____ Date _____

Your advance will be direct deposited or mailed to the current mailing address shown on the myUCF Web site, no earlier than one week prior to the first day of classes.

Student Financial Assistance Use Only		
Resubmitted Application: <input type="checkbox"/> _____ Date: _____ SFA Approval: _____	Approving Counselor: _____ Application Approved: <input type="checkbox"/> Application Denied: <input type="checkbox"/> NF: <input type="checkbox"/>	Date: _____ Amount Approved: _____

Short Term Advance for Books

Instructions and Conditions

FALL 2009

Instructions

1. Read all instructions and conditions. **This form is valid for fall 2009 only.**
2. Fill out form completely. **Print legibly or type in black ink.** Incomplete forms will not be processed.
3. Provide your name, complete address, telephone number, and your date of birth.
4. Provide the name, address, and telephone number of a living parent or guardian. This is required for all students regardless of your age. Only if parents are deceased, provide information of a closest living relative not residing at your address (spouse excluded).
5. Read, sign, and date the Promissory Note.
6. Bring the **original completed form** to the Office of Student Financial Assistance for processing.
7. Check myUCF to confirm the processing of your Short Term Advance.
8. If approved, your Short Term Advance will be direct deposited to your bank account currently linked to your UCF Card. Otherwise, your advance will be mailed to the current mailing address shown on the myUCF Web site. Check your mailing address on myUCF for accuracy.
9. The amount of your advance is based on your source of repayment. (*See Short Term Advance Conditions below.*) A \$5.00 non-refundable processing fee will be charged to your account by the university.
10. You must be enrolled for the academic term in which you seek the Short Term Advance.
11. **Repayment is due December 4, 2009. Late payments will be charged a late fee of \$25.00.**
12. Supplemental requests must be accompanied by supporting documentation.

Short Term Advance Conditions

(Read Carefully)

1. **Amount:** The amount of your advance is based on your source of repayment. If the repayment source selected is Other (such as employment, parents, etc.), then the maximum advance amount is \$300. The advance amount for financial aid recipients is based on estimated aid for the semester with a maximum amount of \$600. *There is a \$100 minimum for Short Term Advance request.*
2. **Service Charge:** A \$5.00 non-refundable fee will be charged by the university to defray the cost of this program.
3. **Repayment:** Full repayment of the advance must be made to UCF, at the UCF Cashiers Office located at 110 Millican Hall or online by the due date. As with any outstanding charges, the Short Term Advance will be deducted from your financial aid prior to issuing any refunds.
4. **Late Payment Charge:** Payment of a \$25.00 late fee will be required if the advance is not paid in full by the due date.
5. **Default:** A default on the payment of the advance may result in the university placing restrictions on your account, preventing receipt of transcripts of records, impeding academic progress, placing the advance for collection, and reporting to the credit bureau. If placed for collection, you will be responsible for all collection costs including attorney fees.

Your advance will be direct deposited or mailed to the current mailing address shown on the myUCF, no earlier than one week prior to the first day of classes.