

# 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](mailto:askaboutmybill@msm.edu)  
Telephone: 404-756-8850  
Fax: ~~404~~4752-1161

DIRECTIONS