

ASU BOOK LOAN APPLICATION

DATE _____

HCCU Membership # _____

NAME (First, Initial, Last) _____

Social Security# _____

School Mailing Address _____

Date of Birth _____

City, State, Zip _____

Student 927 # _____

Home Mailing Address _____

Cell Phone Number _____

City, State, Zip _____

Home Phone Number _____

Current Employer _____

Work Phone Number _____

Income _____

Expected Graduation Date _____

Emergency Contact _____

Address _____

City, State, Zip _____

Phone Number _____

This Book Loan is a service and convenience being offered to assist ASU students. The rate is 9.00% with equal payments due on the 20th of each month for 3 consecutive months beginning the month the loan disburses. A late charge will occur if the loan is not paid within 10 days of the actual due date.

If you would like to fax your application you may. Please complete this form and send to 706-434-1625 Attention: Loan Dept.

Applicant Signature X _____ Date _____