

# **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 Augusta University 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 Operations.**

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_