

TEXAS PUBLIC EDUCATION GRANT (TPEG) SHORT TERM LOAN APPLICATION

Loans will be made to students who are attending classes or servicing externships at the time of disbursement of funds. All TPEG Loans must be paid in full before registration or graduation. _____, hereby agree to repay this loan in the amount of , to the University of North Texas Health Science Center at Fort Worth when other financial aid /resources become available or 90 days from the date of this note, whichever comes first. I also understand an interest rate of 5% per annum, compounded monthly, will be charged immediately upon issuance of the loan. I also certify the proceeds from this loan will be used for tuition and fees only and will not be used for vacation, summer or other holiday expenses. In the event financial aid funds have been deposited to my student account, I give my permission for those funds to be applied to this loan. My signature certifies I have read and agree with the terms and conditions of this application. Student Signature Student ID# Street Address City, State, Zip Code e-mail address Daytime phone number Date: _____ Amount of TPEG Loan: \$ Waive Interest (*requires approval): \square Yes \square No Signature approval from Financial Aid Director *only if interest waived

Signature approval from Student Financials

Signature approval from Financial Aid Office