

I.D. # _____



APPLICATION FOR BOOK LOAN FUND

FINANCIAL AID OFFICE
3801 CAMPUS DRIVE
WACO, TEXAS 76705
254/867-4814

Full Name of Student
(Print)

Student Social Security No.

Permanent Address

Phone Number

City, State Zip Code

I, the undersigned borrower, by signing this agreement, fully understand that any monies received from this fund are to be used for books. I also agree to repay this loan 45 days from the date of approval. I further understand that there is a \$1.00 service charge for processing of this application also due in 45 days. I authorize TSTC-Waco to deduct these charges out of any proceeds or refunds that I may receive.

Requested Loan Amount \$ _____

Service Charge \$ 1.00

Due Date: _____

TOTAL AMOUNT DUE \$ _____

Student Signature

Date

APPROVED _____

DENIED _____

Signature of School Official

Original (White): Accounts Payable
Pink: Bookstore
Yellow: Student
Green: Financial Aid Office