Emergency Tuition Loan Application

Students who are currently enrolled at the El Paso Health Sciences Center may apply for an emergency tuition loan to cover tuition and fees. Please read this information carefully and submit a signed copy with your short term loan application.

- Students may not apply for an emergency tuition loan less than 30 days prior to graduation.

- Submitting an emergency tuition loan application does not guarantee that the student’s classes will be held past the designated drop date for the semester. Students may still be subject to late fees and/or billing fees while the loan is being processed.

- In order to be considered, this loan application must be filled out completely, including the reference information and how the loan will be repaid.

- Failure to return the signed promissory note will result in this loan being cancelled. If this loan is cancelled, additional fees could be added, or your classes may be dropped for non-payment by Student Business Services.

- Failure to repay an emergency tuition loan by the due date will result in a hold being placed on your record. This hold could prevent class registration, transcript requests, and release of your diploma.

- This emergency tuition loan is not considered financial aid. If you wish to apply for financial aid please submit the Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ed.gov.

By signing below I agree that I have read and understand the information stated above.

Student Signature  ___________________________  Student ID Number  ___________________________  Date Signed  ___________________________
Emergency Tuition Loan Application

Student Information

Full Name: ____________________________ Last First M.I.
Address: ______________________________ Street Address
_________________________ City __________________________ Apptmnt/Unit 
_________________________ State __________________________ Zip Code
Home Phone: (____) ___________________ Student ID or Social Security Number: ________________
Birth Date: ___________________________ Marital Status: __________________________ Spouse’s Name: __________________________
Spouse’s Employer: ____________________ Spouse’s Work Phone: (____) ______________________

Reference Information

Full Name: ____________________________ Last First M.I.
Address: ______________________________ Street Address
_________________________ City __________________________ Apptmnt/Unit 
_________________________ State __________________________ Zip Code
Home Phone: (____) ___________________ Alternate Phone: (____) ______________________

Loan Information

Terms Preferred: (Circle One) 30 Days / 60 Days / 90 Days Amount Requested: __________________________
How will you repay the loan? _________________________________________________________________
Student Signature: ___________________________ Date: __________________________

FOR OFFICE USE

Considered By: __________ Approved Date: __________ Amount: __________ Voucher #: __________
STL Due Date: __________ Terms: __________ %: __________ Prom Note Due Date: __________
Loan Fund & Account: __________________
Comments: ____________________________

Please return your application to the Student Affairs Office via:

Mail: TTUHSC El Paso Office of Student Services
5001 El Paso Drive
El Paso, TX 79905

Email: elp.financialaid@ttuhsc.edu
Fax: 915-783-5145