



APPLICATION

You must be registered for classes and your portion of tuition paid or this application will be returned.

SSN:

Rollins ID:

Date of Registration:

Name:

Last

First

Middle

Mailing  
Address:

Apt:

City/St/Zip:

Home Phone:

Work Phone:

Email Address:

Are you a Florida resident?  Yes  No If yes, how long? \_\_\_\_\_

I request assistance for:  Tuition **OR**  Books

1. Have you ever received a University Club Loan?  Yes  No If yes, when \_\_\_\_\_.

2. Do you have any current outstanding debts to any division of Rollins (i.e. traffic fines, library fees, etc.)?  
 No  Yes If yes, you must satisfy the debt in full before you submit your application.

3. Has any recent personal check that you submitted to Rollins been returned for reason of insufficient funds?  
(within the past calendar year)  No  Yes If yes, you are not eligible at this time.

4. Are you currently on academic probation?  No  Yes If yes, you are not eligible loan assistance at this time.

5. Brief explanation of your request for loan assistance:

6. a) Check the program you are registered for?

HHS

MAC

MAT

MED

MHR

MLS

b) Number of registered courses \_\_\_\_\_ for term \_\_\_\_\_ in the year \_\_\_\_\_.

c) Indicate all other forms of financial aid that you anticipate receiving this term:

I verify that I have received and read the university club loan program policies and procedures and have registered for my classes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# ROLLINS COLLEGE

HAMILTON HOLT SCHOOL  
UNIVERSITY CLUB LOAN

## CREDIT CHECK CONSENT FORM

To whom it may concern:

I \_\_\_\_\_, give my consent to Rollins College to perform a credit check with the credit bureau organizations. The information obtained will be a basis in obtaining credit with the College.

SSN:

Rollins ID:

Date of Registration:

Name:

Last

First

Middle

Mailing  
Address:

Apt:

City/St/Zip:

Home Phone:

Work Phone:

Email Address:

Check the program in which you are currently enrolled:

HHS

MAC

MAT

MED

MHR

MLS

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Total cost of Tuition: \_\_\_\_\_

Loan amount requested: \_\_\_\_\_ Total amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

How did you pay your portion of tuition?

Credit Card

Check #

Cash

Financial Aid

Other

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

FORM MUST BE COMPLETED IN FULL.

If you do not answer all the questions, this application cannot be processed.

APPOINTMENTS MUST BE SET IN ADVANCE WITH THE ROLLINS COLLEGE  
LOANS & COLLECTIONS OFFICE. PLEASE, NO WALK-INS.



**ROLLINS COLLEGE**

**HAMILTON HOLT SCHOOL  
UNIVERSITY CLUB LOAN**

**OFFICE OF THE BURSAR  
STATEMENT OF FINANCIAL RESPONSIBILITY**

Applicant Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Student SSN: \_\_\_\_\_

Student R#: \_\_\_\_\_

**Name and address of person responsible for College Expenses:**

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

Relationship to the Student  
**if other than self:**

\_\_\_\_\_

If Spouse, spouse's Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Address, if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I affirm that I will be responsible for the payment of all college related expenses and charges, including all attorney's fees and other costs and charges necessary for the collection of any amount not paid when due, and that I will comply with the regulations regarding fees, expenses, and refunds as outlined in the Rollins College Catalog. I also understand that, in the event of default by any of the above named parties the debt will remain the joint responsibility of the student and responsible party designated herein until it is paid in full.

\_\_\_\_\_  
Signature of person responsible for College Expenses

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security # of the person responsible for College Expenses

\_\_\_\_\_  
Date

**FORM MUST BE COMPLETED IN FULL.  
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