Millikin University, and specifically the Office of Student Development, believes that students who aspire to achieve at Millikin should be afforded as many resources as possible to persist at the University. As such, in certain circumstances, the University may choose to offer grant funds to students demonstrating a financial hardship.

Promissory Note Terms and Conditions

I, ________________________________, recognize and understand that I am receiving monetary assistance from Millikin University to assist me with a financial hardship. This grant is for the purpose of _____________________________________________________________

This grant is specifically designed to assist me with paying the above expense in the amount of $________________________. I understand that if I fail to utilize these funds for the stated purpose, I will be required to repay these funds and a hold may be placed on my account. Additionally, copies of receipts shall be submitted to Student Development, proving costs and any remaining funds shall be surrendered to Student Development.

I understand and agree to all terms stated above.

Print Name _________________________________________________________________

Student ID __________________________ Cell Phone __________________________

Signature ___________________________________________________________________

Date _________________________________

Student Development Witness ____________________________________________
Millikin University, and specifically the Office of Student Development, believes that students who aspire to achieve at Millikin should be afforded as many resources as possible to persist at the University. As such, in certain circumstances, the University may choose to offer a short-term, interest-free loan, to students demonstrating a financial barrier to retaining at the University.

**Promissory Note Terms and Conditions**

I, __________________________, recognize and understand that I am obligated to repay this loan, in the amount of $____________________, by _____________________________________________________________________

Date, Year

I understand that failure to repay this loan by the date above will result in the loan being deemed in default and therefore subject to interest (5% per month) and collection (if in default more than 60 days).

Furthermore, I understand that failure to repay the loan by the due date will result in ________________________________________________________________________________________________________________

This loan is specifically designed to assist you with _________________________________________________, with the understanding that you will attend Millikin University for the ____________________term and pay the full balance due on your account.

I acknowledge that I have read the terms above and agree to the terms and conditions of the Student Development Short-Term Glenn Retention Loan.

Print Name _________________________________________________________________

Student ID __________________________ Cell Phone __________________________

Signature ___________________________________________________________________

Date __________________________________

Student Development Witness ____________________________________________