



Staff Council  
Textbook Loan Program  
Application

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

\_\_\_\_\_ Other Phone: \_\_\_\_\_

Degree Seeking: \_\_\_\_\_ Major: \_\_\_\_\_

Courses Enrolled:

<u>CRN #</u>	<u>Department</u>	<u>Course #</u>	<u>Section #</u>	<u>Instructor</u>

Have you received this scholarship before? \_\_\_\_ YES \_\_\_\_ NO

If YES, when? \_\_\_\_\_

By signing below, I understand that at the close of the academic semester, I will be required to return the textbooks awarded to me by this program. I also understand that I will be held financially responsible for the resale value of lost, damaged or stolen textbooks purchased under this program. Failure to complete this course with a passing grade will result in my ineligibility to apply for the program the following term.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Return to:  
**Christy Montesi**  
**DSU Box 3304**  
**Campus**

*For official use only*

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Salary: \_\_\_\_\_

Awarded: \_\_\_\_\_

Notification Date: \_\_\_\_\_