

**Iris M. Finch Memorial Emergency Loan Fund  
Application**

Iris Finch was born in Kansas in 1882 and later moved to Wenatchee, WA where she lived with her family, worked for the county, and cared for her parents. She always wanted to be a nurse, but, because of her aging, elderly parents chose to neither marry nor seek a profession in nursing. Her belief in the profession of nursing resulted in her designating a portion of her estate **to be used for the benefit of needy students pursuing a career in nursing that are faced with an emergency, defined as "a sudden, unexpected event that necessitates an unplanned expenditure of money which the student does not have."** The maximum loan amount any one student may access per semester is \$1,000 and no more than a combined total of \$2,000 during his/her educational tenure. Loans made to students shall be repaid beginning one year after graduation or six months after withdrawal from the nursing program, and be completed according to terms designated at the time of the loan. An endorsement of the department chair/director/dean must accompany the application.

**Personal Data (to be completed by applicant)**

Amount Requested \$ \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Program Enrolled In:    Basic BSN \_\_\_\_\_    RN-BSN \_\_\_\_\_    Masters \_\_\_\_\_    PhD/DNP \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reference #1:**

(Someone who will always know how to reach you-do not list a spouse)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Loan # \_\_\_\_\_

Have you previously received an Iris M. Finch Memorial Loan Fund? \_\_\_\_\_ yes \_\_\_\_\_ no

Please describe in detail your reason for requesting this loan, how you are a needy and worthy student, and what emergency you are facing (use reverse side of paper if needed). *Please submit supporting documentation for your request if appropriate (i.e. financial documents, estimates, etc.).*

Chair/Director/Dean endorsement: \_\_\_\_\_  
(print name) (signature)

**Administrative Use Only:**

Request: \_\_\_\_\_ Granted \_\_\_\_\_ Denied

Amount Approved: \_\_\_\_\_

Moral Obligation Agreement: (To be completed by the Dean or his/her designee)

A loan of \$ \_\_\_\_\_, is being made on \_\_\_\_\_, \_\_\_\_\_, by the Iris M. Finch Memorial  
(Date) (Year)  
Loan Fund to \_\_\_\_\_. Repayment will be due by \_\_\_\_\_.

**Iris M. Finch Memorial Loan Fund  
Moral Obligation Agreement**

I promise to repay the funds within one year after I have completed the requirements for the current program I am enrolled in at the Washington State University College of Nursing. If I do withdraw from the nursing program, I promise to repay within six months following withdrawal.

Terms may be renegotiated with the Dean by contacting him/her in writing outlining the reasons why repayment cannot be made as agreed.

Payments are to be made to:      Washington State University  
   College of Nursing  
   Attention: Finance Office  
   412 E. Spokane Falls Blvd.  
   Spokane WA 99202

I acknowledge a receipt of a copy of the Application and Moral Agreement

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
   Director of Development

**Iris M. Finch Memorial Loan Fund  
Policy and Procedures**

**Policy**

1. Applicants must be currently enrolled as a student in the College of Nursing and in need of financial assistance.
2. The repayment will be due one year following graduation or six months after withdrawal from the nursing program.
3. Payment should be made on or before the date established in the moral agreement. Terms may be renegotiated with sufficient reason prior to the due date.

**Procedure**

## Administration:

1. At the start of each semester, the Office of Finance will submit a request to the Washington State University Foundation for adequate funds to have available for loans to students enrolled at the College of Nursing. The amount will be determined by the annual distribution from the endowment. Half of the money will be available for use fall semester and half for spring semester.
2. Any unexpended portion of the funds will be carried forward and be made available for the next distribution.

## Application:

1. Students in need obtain application forms for the loan from the chair of their department or the campus director.
2. Students must obtain a written endorsement from their department chair or the campus director. The student then submits the application to the Advancement Office.
3. Following determination of terms for the loan request, a moral obligation agreement is signed by the student and the Director of Development. The student receives a copy and the College of Nursing retains the original.
4. The application is submitted to the College of Nursing Finance Office for processing.
5. The student is mailed a check from the College of Nursing within one week to ten days after approval.
6. Loan payments are sent to:  
Washington State University  
College of Nursing  
Attention: Finance Office  
412 E. Spokane Falls Blvd.  
Spokane, WA 99202
7. The student receives the original agreement when the loan is paid in full.