

**ABRAHAM BALDWIN AGRICULTURAL COLLEGE
APPLICATION FOR EMERGENCY LOAN FUNDS**

ABAC has a limited amount of funding available to students for **emergency purposes**. **This is not an early release of financial aid.** One should only ask for the amount of money that is needed to resolve the emergency at hand. Include any estimates or bills to substantiate your need for a loan. You may be asked to be interviewed.

To be eligible for an emergency loan, you must:

- **Have earned at least 12 hours of credit at ABAC,**
- **Have earned a cumulative Institutional GPA of 2.0 or higher,**
- **Be currently and actively enrolled in at least 6 semester hours at ABAC, and**
- **Have no prior Emergency Loan defaults.**

Should you be eligible for an emergency loan, the following conditions apply as well.

- **No loans will be available until after the official drop/add period ends.**
- **Emergency loans will be limited to one loan during a twelve month period.**

I have read and understand all of the above conditions. Signature _____

Name: _____ ABAC ID #: _____

Address: _____

Requested loan amount (maximum \$500): _____ Phone: _____

Describe the nature of the emergency: _____

I agree to full repayment of principal plus 5% simple interest per annum within 45 days of fund disbursement, or the last day of the current semester, whichever comes **FIRST**. I understand that if I do not make full payment of principal and interest within this prescribed period, my account will be turned over to a collection agency and my ABAC academic records will be frozen preventing all future registration, graduation, or release of my academic transcript. I further promise to pay all late fees and collection costs, including attorney fees, if collected by law, or through an attorney at law.

I agree to the above conditions.

 Signature of Borrower Date

*****For Office Use Only – Do Not Write Below This Line*****

Total Earned Hours: _____ Committee Decision: _____
 Cumulative IGPA: _____
 Current Hours Enrolled: _____

Loan Recommendation: Yes _____ No _____ Loan Amount: \$ _____

Authorization: _____
 Signature

Date of Fund Disbursement: _____

Payment Deadline: _____ (If you are eligible for financial aid, the amount you borrowed will be deducted from your account prior to issuing your access check. If for some reason this does not happen, you are still responsible for repayment of this loan.)

I agree to repay this loan in full by: _____
 Due Date Signature of Borrower

Complete application and return to Ms. Vickie Wilson, Office of the Dean of Students, 2nd Floor, Branch Student Center. Phone: 229-391-5130 FAX: 229-391-5131