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:_____

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

Complete application and return to Ms. Van McGriff, Office of Student Affairs, 2nd Floor, Branch Student Center. Phone: 229-391-5130 FAX: 229-391-5131