

**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 any 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: \_\_\_\_\_ ID: \_\_\_\_\_

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

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

Requested loan amount: \_\_\_\_\_

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**\*\*\*\*\*  
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Total Earned Hours: \_\_\_\_\_ Committee Decision: \_\_\_\_\_

Cumulative IGPA: \_\_\_\_\_

Current Hours Enrolled: \_\_\_\_\_

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

Authorization: \_\_\_\_\_  
Signature (Vice President for Student Affairs)

Date of Fund Disbursement: \_\_\_\_\_ Payment Deadline: \_\_\_\_\_

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

**Distribution: Business Office  
Vice President for Student Affairs**