



To submit application — E-mail: StudentLoans@abekafund.com • Mail: P.O. Box 17100, Pensacola, FL 32522-7100, U.S.A.
 For more information — Call: (850) 478-8496, ext. 2082

For Office Use Only	
GPA	Demerits

APPLICATION FOR STUDENT LOAN

APPLICANT INFORMATION					
STUDENT'S FULL NAME (first/middle/last/suffix)					Date of Birth (month/day/year)
Social Security Number	Driver's License Number/State License Issued		PCC ID Number	PCC Box Number	
Permanent Home Address (P.O. Box not acceptable)			City	State	ZIP
Home Telephone ()	Cell Phone ()	Are you a United States citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Home E-mail Address			PCC E-mail Address		
Do you have any Abeka Fund or other student loans? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Amount/Lender: \$ /				Have you ever defaulted on a loan or declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> EMPLOYER (give name) or <input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> NOT CURRENTLY EMPLOYED		Occupation/Position	Time Employed
Employer's Telephone ()		Gross Annual Income \$			

COSIGNER INFORMATION					
COSIGNER'S FULL NAME (first/middle/last/suffix)					Date of Birth (month/day/year)
Social Security Number	Driver's License Number/State License Issued		Relationship to Applicant (cannot be spouse, parent or sibling)		
Current Home Address (P.O. Box not acceptable)			City	State	ZIP
Previous Address*			City	State	ZIP
Years at: Home Address Previous Address*	Home Telephone ()	Cell Phone ()	E-mail Address		
Are you a United States citizen or permanent resident? <input type="checkbox"/> No <input type="checkbox"/> Yes			Have you ever defaulted on a student loan or declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you cosigned ABF loans before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all students for whom ABF loans were cosigned.					
<input type="checkbox"/> EMPLOYER (give name) or <input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> RETIRED		Occupation/Position	Employer's Telephone ()
Time Employed	Years with Previous Employer†	Cosigner's Gross Annual Income (use last year's W-2 or tax return) \$	Spouse's Gross Annual Income / Source (if applicable) \$ /		
Current Cash and Investments (including investment real estate and excluding retirement accounts)			Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain)	Rent/Mortgage (including home equity) \$	

*enter if less than 1 yr. at home address †enter if less than 2 yrs. with current employer

LOAN INFORMATION					
TYPE OF LOAN		LOAN AMOUNT		Year: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Graduate	
<input type="checkbox"/> Residence Hall Undergraduate	FOR	<input type="checkbox"/> One Semester—\$2,500	OR	<input type="checkbox"/> Two Semesters—\$5,000	Expected Graduation Date (month/year) / /
<input type="checkbox"/> Non-residence Hall Undergraduate	FOR	<input type="checkbox"/> One Semester—\$1,250	OR	<input type="checkbox"/> Two Semesters—\$2,500	Academic period: From / / To / /
<input type="checkbox"/> Graduate	FOR	<input type="checkbox"/> One Semester—\$1,250	OR	<input type="checkbox"/> Two Semesters—\$2,500	(two semesters max—month/day/year)

DISCLOSURE STATEMENT: To the best of my knowledge, everything disclosed on this form is true and complete. I authorize the Lender, its agent, and/or my school to gather information about me and to share information about our credit experience with you to persons or organizations permitted by law to receive such information. A consumer report (credit report) may be obtained from a consumer-reporting agency (credit bureau) in connection with this application. If I request (1) I will be informed whether or not consumer reports were obtained, and (2) if reports were obtained, I will be informed of the names and addresses of the credit bureaus that furnished the reports. If the application is approved, a consumer credit report may be requested or used in connection with renewals or extensions of any credit for which I have applied, reviewing my loan, taking collection action on my loan, or legitimate purposes associated with my loan. I further authorize PCC to receive, provide, and confirm information regarding my attendance, financial aid, or status as may be relevant to consideration of this application. I understand that the proceeds of this loan must be used for educational purposes at PCC. This application and supporting documentation remain the property of the Lender. I further understand that if this application is approved, it will be subject to the terms and conditions of the Promissory Note. If your application is approved, a copy of the Abeka Fund Privacy Policy will be provided to you with the promissory note.

ALL APPLICANTS SIGN BELOW: By signing below, you acknowledge that you have read, received, and understand these disclosures.

STUDENT'S SIGNATURE _____ Date (month/day/year) _____
 Student must also sign *Authorization for Release of Information* on the reverse of the application.

COSIGNER'S SIGNATURE _____ Date (month/day/year) _____
 Cosigner must also sign *Notice to the Cosigner* on the reverse of the application. By signing this application, you certify that you intend to (i) apply for joint credit or (ii) be jointly liable with the student for this loan.



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned student realizes that certain laws and regulations, as well as the policy of Pensacola Christian College, Inc., and Abeka Fund, requires confidentiality of financial, academic, and disciplinary records of the student, absent consent of the student for release of such information. Nevertheless, for so long as the Cosigner or the loan(s) remain obligated to Abeka Fund, for any portion of the loan(s), the undersigned student irrevocably authorizes Pensacola Christian College, Inc., or Abeka Fund, to release information on the financial, academic, and disciplinary record of the student upon written request of the Cosigner.

Printed Full Legal Name

Full Legal Signature (no nicknames)

Date



NOTICE TO COSIGNER

You are being asked to become liable on this debt entered into by _____ with Abeka Fund.
Applicant

Think carefully before you do so. If the borrower does not pay the debt, you will be responsible to pay. Be sure you can afford to pay the debt if this becomes necessary and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as litigation, wage garnishment, etc. If this debt is ever in default, that fact may become a part of *your* credit record.

Please note, this notice is not the contract that makes you liable for the debt.

RECEIPT OF NOTICE ACKNOWLEDGED BY:

Signature

Date