Aid Year: _____

Consortium Short Term Advance Application & Promissory Note
Office of Student Financial Aid | Florida Atlantic University

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

: (State/Number) _____

Name of Maker/Student	Z Student Z Number	FAU Email Address
Address		Telephone

REQUESTED LOAN AMOUNT: ($750 max.) $ _____

REQUESTING LOAN FOR: (Check One) ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

REFERENCES:
(Provide two separate references with different U.S. addresses. Both references MUST be completed fully. NO P.O. Boxes Accepted.)

RELATIVE ADDRESS:	PERSONAL ADDRESS:
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

PROMISSORY NOTE:

In consideration of approval of loan application and receipt of funds, I promise to pay the principal sum borrowed in the amount of $ _____ plus a $5.00 service charge of which must be repaid on or before 45 calendar days either, from date funds are disbursed, upon receipt of financial aid funds, upon cancellation of financial aid funds, OR the last day of the term, whichever comes first. Further, I hereby acknowledge and agree to the following terms:

1. This principal and service fee shall become payable immediately at the time the student ceases to be at least a half-time student.
2. Failure to repay this advance will prevent student borrower from registering, receiving a diploma, receiving grades, or securing an official transcript until such time as the advance is paid in full.
3. In the event of commencement of suit to enforce payment of this Note, I agree, as the Maker of this advance, to pay all costs of
4. This Note will be governed by the laws of the State of Florida. In the event of litigation, venue shall be Palm Beach County. This Note is not assignable by the payee and cannot be changed or modified without the written authorization of both payor and payee.

By signing below, I agree that I have read and fully understand the terms of this note. I hereby waive presentment, protest, and notice of protest of nonpayment of this note. I am eighteen (18) years of age or older.

Signature of Maker/Student _____ Date _____