

To complete the fillable application and add a digital signature you must download this form and save it to your computer, then close the adobe program. Find and open your saved document and complete all fields. When ready, double click on the digital signature box and instructions will open to configure your digital ID.



EDUCATION ASSISTANCE LOAN

Email application to ED@afas-hq.org or FAX 866-896-5637

The Air Force Aid Society is offering an interest-free loan to help offset education costs for families with dependents attending college that have been impacted financially by the COVID-19 pandemic. Dependents should be enrolled in college as full-time undergraduate students. **The maximum loan per student will be \$1000, repayable over 12 months.**

AIR FORCE MEMBER APPLICATION INFORMATION:

Name of Air Force Member (Last, First, MI)		Grade	SSN	Status and DOS/Retirement Date: Active <input type="checkbox"/> DOS: _____ Retired <input type="checkbox"/> Ret Date: _____
Home Address (Street, City, State & Zip Code)	Home Phone	Complete Unit Address (If Active Duty)		
Email Address	Cell Phone	Duty Phone (If Active Duty)		

STUDENT #1 INFORMATION:

Name of Student (Last, First, MI)	SSN	2020-2021 College Status (Freshman, Sophomore, Junior or Senior)
School Name	City	State
Amount \$ (up to \$1,000)		

STUDENT #2 INFORMATION:

Name of Student (Last, First, MI)	SSN	2020-2021 College Status (Freshman, Sophomore, Junior or Senior)
School Name	City	State
Amount \$ (up to \$1,000)		

IF MORE THAN 2 STUDENTS, ATTACH INFORMATION ON SEPARATE SHEET

MEMBERS CERTIFICATION

I authorize the Air Force Aid Society to deduct a monthly Electronic Funds Transfer (EFT) withdrawal from the designated bank account for which supporting documentation has been attached (see Paymatic Form below). I am aware that if I have an existing EA loan, my monthly allotment will be increased accordingly to repay this loan within the 12-month period. This authorization is to remain in effect with the Air Force Aid Society until my loan is paid in full or unless revoked by me in writing.

Signature of Member
(If active duty Air Force Member is deployed, spouse may sign the application and attach a Power of Attorney.)

PAYMATIC

(Electronic Funds Transfer Authorization)

NAME:	SSN:
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PHONE:	EMAIL:
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BANK NAME:
BANK ADDRESS:

ROUTING NUMBER:	ACCOUNT TYPE:
ACCOUNT NUMBER:	CHECKING SAVINGS

MONTHLY PAYMENT:
EFFECTIVE MONTH OF 1ST DRAFT:

I authorize the Air Force Aid Society to deduct a monthly Electronic Funds Transfer (EFT) withdrawal from the above designated bank account for which supporting documentation has been attached (**copy of 'void' check or statement from bank**).

This authorization is to remain in effect with the Air Force Aid Society until my loan is paid in full or unless revoked by me in writing.

PRINTED NAME	DATE
SIGNATURE	