Alabama National Guard Educational Assistance Program (ANGEAP)

Promissory Note and Repayment Agreement

Student Name: _____ **Last Four Digits of SSN :** _____

I understand that receipt of assistance through the Alabama National Guard Educational Assistance Program (ANGEAP) is contingent upon my continued eligibility under Chapter 10 of Title 31, Code of Alabama 1975, and applicable program rules.

As a condition of receiving this assistance, I agree to repay any funds received if I become disqualified or otherwise ineligible for the program. I understand that any required repayment may be prorated as provided by law.

I understand that members who are medically disqualified from the Alabama National Guard solely for medical reasons and who have a Department of Veterans Affairs disability rating of 40 percent or greater may be exempt from repayment as provided by Section 31-10-4(c), Code of Alabama 1975.

I authorize the Alabama Commission on Higher Education and the Alabama Military Department to determine any repayment due and to pursue collection of amounts owed as authorized by law.

By signing below, I acknowledge that I have read and understand this agreement.

Student Signature: _____ **Date:** _____

Institution: _____ **Academic Term:** _____