



Educational Assistance Program Community Service Deferment Request

Begin Date: _____

(please give month/year you want deferment request to begin)

*This is to request a deferment from payment of my MOAA Scholarship Fund student loan due to my participation in the following Community Service Program (VISTA, Peace Corps, Americorps, or similar Service Program): _____ and my obligation ends on _____. **I realize that this deferment is only good for one year and a new form must be completed each year that I continue my community service obligation.***

Student's Name: _____ **MOAA Student #:** _____

Student's Address: _____

City, State, Zip: _____

Student's Phone: _____

Student's Email: _____

As of _____ (today's date), I acknowledge that I have borrowed \$ _____ from the MOAA Scholarship Fund and owe a balance of \$ _____.

I seek deferment from payment of my MOAA Scholarship Fund Educational Assistance loan(s) during the period indicated above. **I agree to notify the Military Officers Association of America (MOAA) Scholarship Fund immediately upon termination of my claimed status.** I further agree to provide documentation to support my continued deferment. I understand that by granting this deferment the MOAA Scholarship Fund has not waived any of its rights or released me from any of my obligations under my loan agreements. This deferment request is made with the knowledge and consent of my military cosigner.

Student Borrower's Signature: _____

SSN: XXX-XX-_____

Please provide the following contact information:

Military Parent Sponsor's Name: _____

Military Parent Sponsor's Phone: _____ Military Parent Sponsor's Email: _____

Military Parent Sponsor MOAA Member Number: _____

**Military Parent Sponsor must maintain paid MOAA membership if Military Parent sponsor is eligible for MOAA membership for the life of the loan.*

***Military Parent Sponsor must maintain paid Voices membership if active duty or retired enlisted (effective with 2013-2014 school year).*

CERTIFICATION OF STATUS

(Please have someone associated with the service organization complete this section.)

I certify that the claimed status is correct for the period and any additional conditions for eligibility as set forth above have been met.

Signature of Certifying Official: _____

Certifying Official's Name: _____

Name of Service Organization: _____

Certifying Official's Address: _____

Certifying Official's Phone: _____

Certifying Official's Email: _____