



**Educational Assistance Program
School Deferment Request
Begin Date: _____**

This is to request a deferment from payment of my MOAA Scholarship Fund student loan while I am a full-time student with an anticipated graduation date of _____. I realize that this deferment is only good for one year and a new form must be completed each year that I remain a full-time student.

I have selected below my school status:

Undergraduate Study: Yes or No Graduate Study: Yes or No
Fellowship*: Yes or No Internship*: Yes or No

**To qualify for a deferment for a Fellowship or Internship, your income must be less than \$20,000. Please submit documentation that shows your income for either of these 2 options.*

Student's Name: _____ **MOAA Student Acct#:** _____
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'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 school complete this section
or you may include an enrollment verification form or a transcript in place of this signature.)*

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 School: _____
Certifying Official's Address: _____
Certifying Official's Phone: _____
Certifying Official's Email: _____