



# MOAA EDUCATIONAL ASSISTANCE PROGRAM

## School 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 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: \_\_\_\_\_  
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 Educational Assistance loan(s) during the period indicated above. **I agree to notify the Military Officers Association of America (MOAA) 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 Sponsor's Name: \_\_\_\_\_  
Military Sponsor's Phone: \_\_\_\_\_  
Military Sponsor's Email: \_\_\_\_\_  
Non-sponsor Relative's Name: \_\_\_\_\_  
Non-sponsor Relative's Phone: \_\_\_\_\_  
Non-sponsor Relative's Email: \_\_\_\_\_

### **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: \_\_\_\_\_