



Educational Assistance Program Medical Deferment Request

Requested Start Date: _____

Anticipated End Date: _____

This form serves to request deferment of payment toward my MOAA Scholarship Fund student loan while I experience the following medical condition: _____. I will abide by the determination made by the Military Officers Association of America Scholarship Fund.

Additionally, I have enclosed a doctor's note certifying the veracity of my claimed condition.

Student's Name: _____

MOAA Student Number: _____

Student's Address: _____

Student's Phone: _____

Student's Email: _____

Sponsor's Name: _____

Member Number: _____

Sponsor's Address: _____

Sponsor's Phone: _____

Sponsor's Email: _____

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

I seek to defer payment of my MOAA Educational Assistance loan(s) for the period indicated above. I agree to notify the Military Officers Association of America Scholarship Fund immediately upon termination of my claimed status. I further agree to provide the documentation necessary to support my medical deferment. I understand that, by granting this deferment, the MOAA Scholarship Fund has not waived any of its rights nor released me from any obligation 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-_____

CERTIFICATION OF STATUS

Please have the doctor who is treating you complete this section.

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

Signature of Certifying Doctor: _____

Certifying Doctor's Name: _____

Certifying Doctor's Phone: _____

If eligible, Military Parent Sponsor must maintain paid MOAA membership for the life of the loan.