



# Educational Assistance Program Community Service Deferment

Requested Start Date: \_\_\_\_\_

This form serves to request deferment of payment toward my MOAA Scholarship Fund student loan while I participate in the following community service program: \_\_\_\_\_.  
I acknowledge, if granted, this school deferment **cannot exceed one year** and will require renewal upon termination, should financial need persist. I will abide by the determination made by the Military Officers Association of America Scholarship Fund.

**Additionally, I have enclosed a copy of my enrollment verification and proof of income.**

**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 a period of one year. 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 community service 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 a supervisor associated with your 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 Phone: \_\_\_\_\_

Certifying Official's Email: \_\_\_\_\_