



Educational Assistance Program Hardship Deferment Request

Requested Start Date: _____

This form serves to request deferment of payment toward my MOAA Scholarship Fund student loan while I experience economic hardship. I acknowledge, if granted, this hardship deferment **cannot exceed six months** 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 the following: a letter stating my need, a plan to repay this loan, my current budget, and a copy of my most recent pay stub.

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

Student's Address: _____

Student's Phone: _____

Student'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 six month period. 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 continued 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 your military sponsor 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.

Military Sponsor's Signature: _____

Military Sponsor's Member Number: _____

Military Sponsor's Address: _____

Military Sponsor's Phone: _____

Military Sponsor's Email: _____