



# Educational Assistance Program COVID-19 Deferment Request

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

This form serves to request deferment of payment toward my MOAA Scholarship Fund student loan as a result of the COVID-19 pandemic. I acknowledge, if granted, this COVID-19 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 proof of related termination from my employer.**

**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 COVID-19 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-\_\_\_\_\_