



# Educational Assistance Program School Deferment

Requested Start Date: \_\_\_\_\_  
Anticipated Graduation Date: \_\_\_\_\_

This form serves to request deferment of payment toward my MOAA Scholarship Fund student loan while I remain a full-time student. 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 unofficial transcript or enrollment verification.**

Undergraduate Study: Yes or No      Graduate Study: Yes or No  
Fellowship\*: Yes or No      Internship\*: Yes or No

\*Please submit documentation demonstrating that your income does not exceed \$20,000 if applying for internship or fellowship deferments.

**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 school 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 registrar complete this section with an official seal or stamp if not enclosing enrollment verification.

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 Phone: \_\_\_\_\_

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

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

MOAA Scholarship Fund, 201 North Washington Street, Alexandria, VA 22314