



6825 Clayton Avenue, Suite 100, St. Louis, Missouri 63139
phone 314.725.7990 fax 314.725-5231 info@sfstl.org

***** PLEASE READ THESE INSTRUCTIONS CAREFULLY*****

The Scholarship Foundation of St. Louis is a nonprofit organization that relies on the timely repayment of your interest-free student loan. Repaid funds are recycled to new students to pursue their educational goals.

The attached form may be used to request a reduction or deferment of your loan payments. Decisions to temporarily adjust repayment terms are at the discretion of The Scholarship Foundation. You will be notified by letter with a decision and applicable terms of your temporary adjustment. Reminder letters will be sent the month before your adjustment is scheduled to end. However, it is your responsibility to keep track of the end date of your requested adjustment.

ALL SUPPORTING DOCUMENTS LISTED ON THIS PAGE ARE REQUIRED.
REQUESTS MISSING ANY DOCUMENTATION WILL NOT BE CONSIDERED!

REDUCED PAYMENTS:

- Cannot be less than 50% of the original payment amount.
Extenuating circumstances may be considered with proper documentation.
- You must pay the reduced monthly payment each month by the due date to be eligible for future adjustments.
- Reductions are temporary and granted for a maximum of 12 months.

To apply for **Reduced Payments**, you must submit ALL of the following documents:

- Repayment Assessment Form
- Attached budget form with all sections complete.
- Your most recent paystub.
- Your most recent tax return. If you are married, you must submit taxes for both you AND your spouse.
- If you are unemployed, submit unemployment claim or documentation confirming that you received/are receiving payments under a federal or state assistance program, IN ADDITION to the documents above.

DEFERRED PAYMENTS:

- Hardship deferments may be granted in cases of unemployment or extreme medical conditions.
- Temporary and granted for a maximum of 12 months.

To apply for **Deferred Payments**, you must submit ALL of the following documents:

- Repayment Assessment Form
- Attached budget form with all sections complete.
- Your most recent paystub.
- Your most recent tax return. If you are married, you must submit taxes for both you AND your spouse.

For **Medical Deferment**, you must submit the following IN ADDITION to those listed above:

- A statement from your physician explaining how your medical condition affects your ability to meet financial obligations (i.e. maternity leave, work injury, chronic illness, etc.).

For **Unemployment**, you must submit the following IN ADDITION to those listed above:

- Recent unemployment claim form from the Department of Labor or letter of termination from most recent employer.

Please submit all forms and documents by email to info@sfstl.org
or by mail or in person to 6825 Clayton Ave, Suite 100, St. Louis, MO 63139



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Repayment Assessment Form (RAF)

Repayment assessment forms **must** be received **at least 14 days** before your payment is due on the 15th of the month. This includes borrowers who are signed up for automatic withdrawals (ACH). You will be notified by letter with a decision and applicable terms for your payment agreement.

4-digit Student Number _____

Currently Signed-up for ACH/Debit yes no

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Marital/Domestic Partner Status: _____ # in Household: _____ Ages of Dependent Children: _____
single, married, divorced, separated, etc.

Employer: _____ Position: _____ Length of Employment: _____

Spouse/Partner Employer: _____ Position: _____

E-mail Address: _____

I have enclosed the following documents with this form that are **REQUIRED** for my request to be considered:

- Expense Worksheet
- Most recent paystub
- Most recent tax return for myself AND my spouse if I am married. N/A check here: _____

IF YOU FAIL TO SUBMIT ANY OF THESE DOCUMENTS YOUR REQUEST IS INCOMPLETE AND WILL NOT BE CONSIDERED!

Please choose **ONE** of the following options:

A. REDUCED PAYMENT:

I am requesting a reduction in payments from \$ _____ (full payment) to \$ _____ due to:

_____ **Financial Difficulty**

_____ **Unemployment** – I have enclosed the following **IN ADDITION** to those listed above:

- Unemployment claim form and/or documents to confirm I have or am receiving payments under a federal or state assistance program; OR I am being supported in another way and have enclosed documentation about how I am meeting other financial obligations. N/A check here: _____

B. DEFERRED PAYMENT

I qualify for deferred payments due to:

_____ **Medical** – I have enclosed the following **IN ADDITION** to those listed above:

- A statement from my physician explaining how my medical condition affects my ability to meet financial obligations (e.g., maternity leave, work injury, chronic illness, etc.)

_____ **Unemployment** – I have enclosed the following **IN ADDITION** to those listed above:

- Unemployment claim form and/or documents to confirm I have or am receiving payments under a federal or state assistance program; OR I am being supported in another way and have enclosed documentation about how I am meeting other financial obligations. N/A check here: _____

Name (Please Print)

Signature

Date

EXPENSE WORKSHEET
(retain a copy for your records)

INCOME INFORMATION

	You	Spouse or Domestic Partner	
Gross Monthly Income	\$ _____	\$ _____	
SUBTRACT Payroll Deductions Taxes, Health Ins, Other Deductions	- \$ _____	- \$ _____	
Net Income	= \$ _____	= \$ _____	Total Household Net Income
Amount remaining available to spend			You + Spouse/Domestic Partner \$ _____ (Line 1)

HOUSING EXPENSES

	Monthly Payments
Rent or Mortgage	\$ _____
Utilities	\$ _____
Property Taxes	\$ _____
Homeowners/Renters Insurance	\$ _____
TOTAL HOUSING	\$ _____ (Line 2)

TRANSPORTATION EXPENSES

	Monthly Payments
Auto Loan Payment	\$ _____
Gas	\$ _____
Insurance	\$ _____
Public Transportation	\$ _____
TOTAL TRANSPORTATION	\$ _____ (Line 3)

CREDIT CARDS/LOAN DEBT

Credit Cards	Monthly Payments
1. _____ Balance \$ _____	\$ _____
2. _____ Balance \$ _____	\$ _____
3. _____ Balance \$ _____	\$ _____
Educational Loans	\$ _____
1. _____ Balance \$ _____	\$ _____
2. _____ Balance \$ _____	\$ _____
Other Loans	\$ _____
1. _____ Balance \$ _____	\$ _____
TOTAL LOANS	\$ _____ (Line 4)

MISCELLANEOUS

	Monthly Payments
Childcare/Tuition (Dependents only)	\$ _____
Church Tithes/Offerings	\$ _____
Charitable Contributions	\$ _____
Groceries	\$ _____
Medical, Prescriptions, Co-Pays	\$ _____
Entertainment	\$ _____
Club/Membership Dues	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MISCELLANEOUS	\$ _____ (Line 5)

MONTHLY EXPENSE TOTALS

	Monthly Payments
Housing (Line 2)	\$ _____
Transportation (Line 3)	\$ _____
Credit Cards/Loan Debt (Line 4)	\$ _____
Miscellaneous (Line 5)	\$ _____
TOTAL EXPENSES	\$ _____ (Line 6)

Please provide a statement about your plans to improve your financial situation:

MONTHLY SURPLUS OR SHORTAGE

Total Household Net Income (Line 1)	\$ _____
SUBTRACT Total Expenses (Line 6)	- \$ _____
SURPLUS OR SHORTAGE	= \$ _____