

Educational Deferment Request

Only complete this form if you are currently enrolled in school taking 6 credit hours or more

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 meet the qualifications for an in-school deferment because I'm enrolled (check one):

FULL TIME (12 or more credit hours); or
at least HALF TIME (6 credit hours)

(NOTE: Enrollment for PhD dissertation or graduate research does not qualify for educational deferment)

This enrollment status applies for the following academic period:

_____/_____/_____ to ____/____/_____
Month Year Month Year

AND

my expected graduation date is: ____/____/_____
Month Year

I'm currently enrolled at: _____

Degree Program: _____ Major: _____

To request an educational deferment, you must submit proof of enrollment in addition to this form ***showing the number of credit hours you are currently taking***. Examples include a current class schedule, letter from the registrar, unofficial transcript, etc. If you do not submit proof of enrollment your request is incomplete and will not be considered.

I understand that if my enrollment drops below 6 credits, I will lose my eligibility to defer payments, and I will go into repayment immediately. I authorize The Scholarship Foundation of St. Louis to verify information reported to the National Student Clearinghouse (NSC) by schools I have attended.

Signature Date