

**REQUEST FOR DEFERMENT (Nursing, Law Enforcement, etc) – FEDERAL PERKINS LOAN
UNIVERSITY OF CENTRAL MISSOURI**

(PLEASE COMPLETE IN INK)

UCM ID NUMBER:	EMAIL:
NAME:	Return form to: UCM – Perkins PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Phone: 660-543-4661 Fax: 660-543-8007
ADDRESS:	
CITY: STATE: ZIP:	
WORK PHONE: CELL:	

COMPLETION OF THIS FORM DOES NOT GUARANTEE ELIGIBILITY. FOR MORE INFORMATION ON ELIGIBILITY REQUIREMENTS, PLEASE VISIT:
ucmo.edu/sfs/explore/repayingperkins.cfm

<input type="checkbox"/> Criminal Law Enforcement/Corrections Officer <input type="checkbox"/> Nurse/Medical Technician <input type="checkbox"/> *Child/Family Services to high-risk children from low income communities <input type="checkbox"/> *Early Intervention Services (under the age of 3) <input type="checkbox"/> *Peace Corps/VISTA <input type="checkbox"/> Military Service (Serve at least one year in hostile duty area) (Include copy of orders with deployment dates) ALL EMPLOYMENT MUST BE FULL TIME	Service Cancellations available for loans disbursed after 8/14/08 <input type="checkbox"/> Firefighter <input type="checkbox"/> Public Defender <input type="checkbox"/> *Librarian serving Title I School (Master's degree in Library Science Required) <input type="checkbox"/> *Speech Pathologist in Title I School (Master's degree in Speech Pathology) *You MUST include a statement on employer letterhead with full job description/job duties and copy of state license or certification.
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DECLARATION:

I request **DEFERMENT OF PAYMENTS** for the upcoming year based on my **FULL-TIME EMPLOYMENT AS INDICATED ABOVE**. My work year (dates must cover 12 months) BEGAN ___/___/___ AND ENDS ___/___/___.

You must read and agree:

- I understand my eligibility for this benefit will not be reviewed until all applicable late fees have been paid. Payment of late fees does not guarantee approval for benefit.
- I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan following my 6-month grace period.
- I understand my updated status will be available at: <https://clmweb.ucmo.edu/bwa>

****REQUIRED**** Signature of Borrower _____ Date Signed: _____

BORROWER – YOU MUST SUBMIT THIS FORM TO YOUR EMPLOYER FOR COMPLETION OF THE SECTION BELOW.

<p>Employer Certification of Employment:</p> Date of Hire: ___/___/___ Currently Employed: ___ Yes ___ No If no, last date of employment: ___/___/___ Status: ___ Full Time ___ PRN ___ Part Time ___ Hours per week Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ I certify borrower is employed <u>full-time</u> . I further certify that the information provided above by the borrower regarding his/her employment is true and correct. _____ Signature Date _____ Printed Name Title	This space is provided for the organization's official seal or stamp. **If one is not available, provide a letter of certification confirming the borrower's service, employment, or enlistment on official letterhead and include the employee's start date and full time status.
	<p>Official Use Only:</p> <p>Deferment: ___ Approved ___ Denied</p> <p>Cancellation: ___ Approved ___ Denied</p> <p>Date _____ By _____</p>