

DEFERMENT APPLICATION: PRE-K OR CHILD CARE STAFF MEMBER

(DFCC)

PART 1: To be completed by the borrower.

I am a full-time staff member in a Head Start program, Prekindergarten, or childcare program.

I hereby apply for postponement or deferment of my student loan repayments. I waive any unexpired portion of my original grace period. After each complete year of eligible employment and for a maximum of 7 years, I may re-apply for cancellation of a portion of my loan.

The current year of employment began _____ and ends _____

My telephone number is _____

Date _____ Signed _____

PART 2: To be completed by the borrower's supervisor.

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization _____

Affix seal or stamp ***

Street _____

City, State & Zip _____

County _____ Telephone _____

Date _____ Signed _____

***Seal or stamp **MUST** be attached or the letterhead for the organization

For Institutional Use Only

Time Deferred_ _____

Official Name _____ Date processed _____

Official Name _____ Date processed _____