

# DEFERMENT APPLICATION: HEAD START PROGRAM

PART 1: To be completed by the borrower.

I am a full-time staff member in a Head Start 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 \*\*\*

City & State \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

## ***DFT4***

\*\*\*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 \_\_\_\_\_