

**DEPARTMENT OF FAMILY AND CHILDREN SERVICES**

DEFERMENT APPLICATION

**Part I: To be completed by the Borrower**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am a full-time employee of a public or private nonprofit child service or family service agency. I provide services or supervise the provision of services to high-risk children who are from low-income communities and to the families of such children.

**I hereby apply for deferment of my Perkins student loan repayments.** I waive any unexpired portion of my original grace period. After each complete year of eligible employment, I may re-apply for cancellation of a portion of my loan.

The current year of employment began \_\_\_\_\_ and ends \_\_\_\_\_.  
(mm/dd/yyyy) (mm/dd/yyyy)

My daytime telephone number is \_\_\_\_\_

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

**Part II: To be completed by 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 \_\_\_\_\_

Telephone \_\_\_\_\_

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