

**HEADSTART**

DEFERMENT APPLICATION

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

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

Address \_\_\_\_\_

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

I am a full-time staff member in a HeadStart program.

**I hereby apply for deferment of my Perkins student loan repayments.** I waive any unexpired portion of my original grace period. I understand that I am automatically eligible for deferment if my entire student loan was issued on or after July 1, 1987. Otherwise I may be required to continue making payments towards the portion of my loan which was ineligible for cancellation. 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 \_\_\_\_\_.  
(mm/dd/yyyy) (mm/dd/yyyy)

My telephone number is \_\_\_\_\_.

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

**Part II: 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 \_\_\_\_\_