

UNEEMPLOYED WITH NEWBORN OR PREGNANT

DEFERMENT APPLICATION

Part I: To be completed by the Borrower

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I hereby apply for deferment of my Perkins student loan for six months with an automatic additional six month extension. I understand This is a one time benefit and must commence within six months of my last date of attendance in a higher education institution. I waive any unexpired portion of my original grace period.

The reason for my application is:

- I am unemployed and pregnant since _____
- I am unemployed and caring for my own newborn child since _____
- I am unemployed and caring for my newly adopted child since _____

Daytime Telephone _____

Date _____ Signed _____

Part II: To be completed by Borrower's Physician

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

Name of Doctor _____

City & State _____

Telephone _____

Date _____ Signed _____