



New Hampshire Charitable Foundation Deferment Request Form

Deferment Request

Please enter the following information. If correction, check here: []

SSN _____ - _____ - _____ Name _____
 Address _____
 Account Number: _____ City, State, Zip _____
 Telephone-Home () _____
 Telephone-Home () _____

Section 1. Deferment Request – Must be completed by borrower. See definitions and eligibility criteria below.

1. Deferment Type (must be completed annually to continue postponement of payment)

- () In-School Deferment (must be enrolled at least halftime) Must be submitted each semester.
- () Military, Peace Corps, ACTION Program, VISTA Service Deferment (must serve minimum of 1 year; 3 year limit). Must show documentation
- () Volunteer in a Non-Profit Organization (must be full time; 3 year limit). Must show documentation
- () Temporary Total Disability of Borrower, Spouse or Dependent (3-year limit) must show documentation
- () Hardship Deferment (3 year limit - provide verification of income)
- () Unemployment Deferment (must be unable to secure full-time employment; 3 year limit - provide verification of unemployment, i.e. letter of termination, letter from employment security commission)

Date of Requested Deferment (period requested may be up to 1 year)
 _____/_____/_____ TO _____/_____/_____
 Begin (MM/DD/YY) End (MM/DD/YY)

Borrower Signature _____ Date _____

Section 2 – Authorized School Official's Certification

Instructions for School or Agency Official: Item (1) and Item (2) of this section must be completed. The school official, in lieu of completing this section, may attach its own enrollment certification report listing the required information.

I certify, to the best of my knowledge and belief, that the borrower named above:

- (1) Is/Was enrolled during the academic period at least half-time from (MM-DD-YY) ___/___/___ to (MM-DD-YY) ___/___/___.
- or
- (2) Provided the service elected under section 1 from (MM-DD-YY) ___/___/___ to (MM-DD-YY) ___/___/___.

Name of School or Agency _____ School Code _____

Address _____ Telephone () _____

City, State, Zip _____

Signature of Authorized Official/Date _____ Name/Title of Authorized Official _____

Returned the completed form to:

Campus Partners
 PO Box 1830
 Winston-Salem, NC 27102
 (800) 315-4950 or FAX: (336) 607-2093

For Office Use Only	
Date Received _____	Examiner _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>