



6825 Clayton Avenue, Suite 100, St. Louis, Missouri 63139  
phone 314.725.7990 fax 314.725-5231 [info@sfstl.org](mailto:info@sfstl.org)

## Educational Deferment Request

**ONLY COMPLETE THIS FORM IF YOU ARE CURRENTLY ENROLLED IN SCHOOL TAKING 6 CREDIT HOURS OR MORE AND WOULD LIKE TO BE CONSIDERED FOR EDUCATIONAL DEFERMENT**

4-digit Student Number \_\_\_\_\_

Currently Signed-up for ACH/Debit  yes  no

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital/Domestic Partner Status: \_\_\_\_\_ # in Household: \_\_\_\_\_ Ages of Dependent Children: \_\_\_\_\_  
single, married, divorced, separated, etc.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

To request an educational deferment, you must submit proof of enrollment **IN ADDITION** to this form.  
Examples include: current class schedule, letter from the registrar, unofficial transcript, etc.

**ENROLLMENT DOCUMENTATION MUST INCLUDE THE NUMBER OF CREDIT HOURS YOU ARE CURRENTLY TAKING.**  
**IF YOU DO NOT SUBMIT PROOF OF ENROLLMENT YOUR REQUEST IS INCOMPLETE AND WILL NOT BE CONSIDERED!**

I meet the qualifications for an in-school deferment because I'm enrolled (check one):

FULL TIME (12 or more credit hours); or

at least HALF TIME (6 credit hours)

**NOTE: Enrollment for PhD dissertation or graduate research does not qualify for educational deferment.**

This enrollment status applies for the following academic period:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Year Month Year

**AND**

my expected graduation date is: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Year

I'm currently enrolled at: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_

I understand that if my enrollment drops below 6 credits, I will lose my eligibility to defer payments, and I will go into repayment immediately. I authorize The Scholarship Foundation of St. Louis to *verify information reported to the National Student Clearinghouse (NSC) by schools I have attended.*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form and proof of enrollment by email to [info@sfstl.org](mailto:info@sfstl.org)  
or by mail or in person to 6825 Clayton Ave, Suite 100, St. Louis, MO 63139