

**SANTA BARBARA FOUNDATION
STUDENT LOAN DEFERMENT REQUEST FORM**

Please complete both sides of this form. Attach the required documents and mail to the **Santa Barbara Foundation at P.O. Box 3620, Santa Barbara, CA 93130**. You will receive a written response granting or denying your request for deferment. ***It is your responsibility to send verification of enrollment or a medical excuse prior to when your first payment is due and to meet all loan obligations while the deferment request is being reviewed.***

Questions? Call the Foundation at (805) 687-6065 or send an email inquiry to loans@sbscholarship.org

Last Name: _____ First Name: _____

Social Security #: _____ Loan Account #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph #: _____ Mobile Ph #: _____ Email: _____

Reason for Deferment Request (please check one):

1) FULL-TIME ENROLLMENT _____

****For deferment of your loan based on full-time enrollment, please complete the following:**

Most Recent School: _____

Level of Education:

Undergraduate _____

Graduate _____

Medical _____

Vocational _____

Expected Graduation Date: Month/Year _____

*For deferment of your loan based on full-time enrollment, you must attach verification of full-time enrollment in the form of a schedule of classes showing units, a copy of your most recent transcript (unofficial is acceptable, provided it shows units), or a letter from the Office of the Registrar at your school verifying your status is full-time. **Loans are deferred on an academic year-by-year basis.***

2) FINANCIAL HARDSHIP _____

**** For deferment of your loan based on financial hardship, please attach a letter explaining your financial hardship situation. The maximum length of time for which a student's loan may be deferred for this reason is 3 months.**

3) MEDICAL EXCUSE _____

**** For deferment of your loan based on a medical excuse, please complete the following:**

Nature of injury/illness: _____ Expected date of recovery: _____

Physician's Name, Address & Phone Number: _____

A physician's excuse must be attached. Deferment requests are reviewed on a case by case basis.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM)

4) SERVICE _____

** For deferment of your loan based on service in Peace Corps, AmeriCorps, or a mission related to your church, please attach a copy of the letter of acceptance to the program. In addition, please complete the following:

Nature of service: _____

Expected Departure Date _____

Expected Return Date: _____

5) ACTIVE DUTY (RESERVISTS ONLY) _____

** For deferment of your loan based on your status as an active duty reservist in a branch of the U.S. military, please attach a copy of your orders requiring you to report to duty. In addition, please complete the following:

Expected Departure/Reporting Date: _____

Expected Return/Release Date: _____

IN ORDER FOR YOUR DEFERMENT REQUEST TO BE PROCESSED, YOU MUST COMPLETE AND SIGN THIS RELEASE STATEMENT.

I, _____ hereby give my permission to
(First name) (Last name)

_____ to release information regarding my records, now and at (most recent or current college)

any time in the future, including my address, to the Santa Barbara Foundation and the Scholarship Foundation of Santa Barbara. The Santa Barbara Foundation and the Scholarship Foundation have my permission to release information regarding this loan to:

(Most recent or current college)

Signature: _____ **Date:** _____

SSN: _____