

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

Please complete both pages of this form. Attach the required documents and return to **Santa Barbara Foundation, 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](mailto:loans@sbscholarship.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last 4 digits of SSN #: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Mobile Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Nearest relative not living with you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address including City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Reason for Deferment Request (please check one):

1) FULL-TIME ENROLLMENT (SEE NOTE BELOW) \_\_\_\_\_

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

Most Recent School: \_\_\_\_\_

Level of Education:

Undergraduate \_\_\_\_\_

Graduate Year (circle) 1 2 3 4

Medical \_\_\_\_\_

Vocational \_\_\_\_\_

Expected Graduation Date: Month/Year \_\_\_\_\_

**\*\*IMPORTANT NOTE:** *If you are requesting 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 full-time status. **Loans are deferred on an academic year by-year basis. Please note, however, that the amount of time an undergraduate loan may be deferred for graduate school enrollment (all except full M.D. programs) is limited to four years.***

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 and may only be granted once during the life of the loan.**

**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:  
\_\_\_\_\_

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

**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 SIGN AND DATE THE STATEMENT BELOW**

I understand that I have requested deferment, for the reason stated above, and if granted, once the deferment period ends, I am responsible to resume payment in a timely manner.

Under current policy, any loan more than three months in arrears is subject to collections action. If the loan is submitted for collections action, I must repay the entire loan amount, plus I will be charged interest on the outstanding balance. This agreement serves as notification of this policy.

My signature below acknowledges that I intend to repay my loan(s) and that I agree to all the terms and conditions of the Santa Barbara Foundation Student Loan Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_