AES / GRANTS SPECIAL PROGRAMS
Public Service Deferment Request

Please complete all sections of this form. Your request may be denied if the form is not completed correctly.

Borrower Name ___________________________ Account Number: ___________________________

Address: ___________________________ City ___________________________ State ___________ Zip Code ___________

Telephone Number (______) - _______ Alternate Telephone Number (______) - _______

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account to contact me about my account via autodialer or similar device and/or using a prerecorded or artificial voice or message for any lawful purpose utilizing any cellular telephone number(s) I provide, even if I am charged for the call under my phone plan. Providing my mobile or alternative telephone number(s) and electronic mail address(es) to the lender is voluntary and I am under no obligation to do so. If I do not elect to provide a mobile or alternative telephone number, or electronic mail address, it will not affect the consideration or disposition of my deferment request.

Section 1 - Deferment Request - Must be completed by the borrower.
I meet the qualifications for the deferment checked below and request AES defer repayment of my grant/scholarship.

Check one:
☐ While I am on active duty in the Armed Forces of the United States (Maximum eligibility is three years)
☐ While I am a member of VISTA or the Peace Corps (Maximum eligibility is three years. This is a combined limit with Armed Forces Deferment.)

Section 2 - Authorized Official's Certification - Please print or type.
I certify, to the best of my knowledge and belief that the borrower named above is/was engaged in the service indicated in Section 1, and that the borrower and the borrower's service meet the eligibility requirements specified in the cover letter.

The borrower’s service began ______/_____/______ and is expected to end (ended) ______/_____/______

Name of Organization ___________________________ Date ___________________________

Address ___________________________ City ___________________________ State ___________ Zip Code ___________

Telephone Number (______) - _______

Signature of Authorized Official ___________________________ Name/Title of Authorized Official ___________________________

Section 3 - Borrower Understandings and Certification
I understand that: (1) My deferment will begin no more than six months before the date AES receives this request or the date the deferment condition began, whichever is later. (2) AES will not grant this deferment request unless all applicable sections of this form are completed and any additional documentation required is provided; and (3) Principal and interest payments will be deferred. Under the conditions of deferment, I understand that I may receive monthly interest accrual/capitalization statements, however I am not required to pay the interest from the deferment period. At the end of this period, the accrued interest will be written off. (4) I am responsible for keeping the account current until the deferment is applied.

I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to AES to support my continued deferment status. (3) I will notify AES immediately when the condition that qualified me for the deferment ends; and (4) I have read, understand, and meet the conditions of the deferment for which I have applied.

Borrower Signature ___________________________ Date ___________________________

Please return form to: American Education Services • P.O. Box 2461 • Harrisburg, PA 17105-2461