

AES / GRANTS SPECIAL PROGRAMS In-School 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 _____

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) 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.

Please check the program that you are currently in:

- New Economy Technology Scholarship Program (NETS - SciTech Program) - eligible for 36 months of school deferment
- New Economy Technology Scholarship Program (NETS - Tech Program) - eligible for 24 months of school deferment

Section A - School Certification

Instructions for School Official: Items 1 and 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 full time during the academic period from
 $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} / \frac{\text{YY}}{\text{YY}}$ to $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} / \frac{\text{YY}}{\text{YY}}$.

2.) Is reasonably expected to complete his/her program requirements on $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} / \frac{\text{YY}}{\text{YY}}$.

Name of School _____ School Code _____

Address _____ City _____ State _____ Zip Code _____

Signature of Authorized Official

Name/Title of Authorized Official

Date

I meet the qualifications for this deferment and request that AES defer payment of my grant.

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 (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 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