

1755 Lake Cook Road Deerfield, IL 60015-5209 800.899.ISAC (4722) Website: isac.org

E-mail: isac.proreq@illinois.gov

Program Requirements Deferment Request Form

Use this form to request a deferment of the repayment period for any portion of awards that have converted to loans for the following: DeBolt Teacher Shortage Scholarship (DTSS) Program, Illinois Future Teacher Corps (IFTC) Program, Illinois Special Education Teacher Tuition Waiver (SETTW) Program, Minority Teachers of Illinois (MTI) Scholarship Program, Nurse Educator Scholarship Program (NESP), Golden Apple Scholars of Illinois Program (GAS) and Optometric Education Scholarship Program (OESP).

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SECTION 4: IN-SCHOOL DEFERMENTS ONLY - TO BE COMPLETED	D BY SCHOOL OR ORGANIZATION – PLE	EASE TYPE OR PRINT
Award Recipient's Name:	Last 4 Digits of Award Recipient's	SSN
I certify that, to the best of my knowledge and belief, the following information is true re (include information for all applicable terms – if necessary, attach an additional sheet of		Page 1 of this document
Term Enrollment Status (e.g., "Fall 2013") (Full Time, Half Time, or Less than Half Time)	Course(s) in which Enrolled (U	Academic Level Undergraduate or Graduate)
The award recipient is expected to graduate in: Month/Year		
	()	
Name and Address of School or Organization	Phone Number for Contact at School	or Organization
Name and Title of Authorized Official	Signature of Authorized Official	Date
OFOTION 5		
SECTION 5: TEMPORARY TOTAL DISABILITY DEFERMENTS ONLY Award Recipient's Name:		
I certify that, in my best professional judgment, the award recipient named above and o	on Page 1 of this document is unable to work and	
60 days because of a medically determinable impairment. I am a doctor of medicine or		
The disabled person (award recipient) became unable to work and earn money effective	Month/Y	ear
The disabling condition is expected to continue until:	Month/Y	 'ear
	()	
Name and Address of Physician	Phone Number for Physician	
Professional License Number of Physician	Signature of Physician	Date
SUBMIT PAGES 1 AND 2 OF THIS COMPLETED FORM TO: Before submitting, retain a copy for your records. To ensure your posending this document via e-mail.	ersonal information is kept secure, we o	do not recommend
Mailing Address:	Illinois Student Assistance Con Attn: Program Requirements D 1755 Lake Cook Road Deerfield IL 60015-5209	
FAX:	847.831.8549	



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Program Requirements Deferment Request Form

REASONS FOR DEFERMENTS BY PROGRAM

The following provides an explanation of acceptable reasons for which a deferment of the repayment period may be requested for any portion of awards that have converted to loans. During the time a recipient qualifies for deferment, payment is not required and interest does not accrue.

If a recipient is required to repay any portion of the proceeds received, the repayment period must be completed within 10 years* after the award converts to a loan. The repayment obligation may be temporarily postponed if you meet any of the following:

DeBolt Teacher Shortage Scholarship (DTSS) Program

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- pursuing a graduate course of study and enrolled on a full-time basis for one continuous period of time, not to exceed three years;
- temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- seeking and unable to find full-time employment for one continuous period, not to exceed two years; or
- withdrawn from a course of study leading to certification/approval in a teacher shortage discipline, but remain enrolled at least half-time as an undergraduate student in another academic discipline for one continuous period of time, not to exceed three years.

Illinois Future Teacher Corps (IFTC) Program

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- pursuing a graduate course of study and enrolled on a full-time basis for one continuous period of time, not to exceed three years;
- seeking and unable to find full-time employment for one continuous period, not to exceed two years; or
- withdrawn from a course of study leading to certification/approval in a teacher shortage discipline, but remain enrolled at least half-time as an undergraduate student in another academic discipline for one continuous period of time, not to exceed three years.

Illinois Special Education Teacher Tuition Waiver (SETTW) Program

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- pursuing a graduate or postgraduate degree and are enrolled on a full- time basis for one continuous period of time, not to exceed three years;
- seeking, but unable to find, full-time employment for one continuous period not to exceed two years; or
- withdrawn from a course of study leading to a teacher certification in Special Education, but remain enrolled on at least a half-time basis in another academic discipline.

Minority Teachers of Illinois (MTI) Scholarship Program

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- seeking, but unable to find, full-time employment for one continuous period, not to exceed two years;
- withdrawn from a course of study leading to certification as a teacher, but remain enrolled full-time in another academic discipline; or
- pursuing a graduate course of study and are enrolled on a full-time basis for one continuous period of time, not to exceed three years.

Nurse Educator Scholarship Program (NESP)

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- temporarily totally disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- seeking and unable to find full-time employment for one continuous period, not to exceed two years;
- withdrawn from a course of study leading to certification as a nursing educator, but are enrolled full-time in another academic discipline, not to
 exceed three years; or
- pursuing a graduate course of study and are enrolled on a full-time basis for one continuous period of time, not to exceed three years.

^{*} Recipients repaying tuition waivers awarded prior to July 1, 2014 must repay the funds within five years after conversion to a loan.



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Program Requirements Deferment Request Form

REASONS FOR DEFERMENTS, BY PROGRAM (continued)

Optometric Education Scholarship Program (OESP)

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on which it is expected to end, or a copy of your military orders);
- enrolled full-time in a residency program at an approved institution for one continuous period of time, not to exceed one year, following graduation; or
- temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years.

Golden Apple Scholars (GAS) of Illinois Program

- serving as a member of the United States Armed Forces, not to exceed three years (if seeking a deferment for this reason, you must attach to
 this Request Form a written statement from the commanding or personnel officer certifying the date on which service began and the date on
 which it is expected to end, or a copy of your military orders);
- temporarily totally disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years;
- seeking and unable to find full-time employment for one continuous period, not to exceed two years;

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- withdrawn from a course of study leading to certification/approval in a teacher shortage discipline, but are enrolled at least half time as an undergraduate for one continuous period of time, not to exceed three years; or
- pursuing a graduate course of study and are enrolled on a full-time basis for one continuous period of time, not to exceed three years.

CONTACT ISAC FOR MORE INFORMATION

By phone:

If you have questions regarding this document, or the process of requesting a deferment of the repayment obligation for any portion of awards that have converted to loans, please contact ISAC as indicated below:

Via e-mail:	isac.proreq@illinois.gov
For general information regarding financial aid and	the programs and services offered by ISAC, contact the ISAC Call Center as indicated below:
By phone:	800.899.ISAC (4722)
Via e-mail:	isac.studentservices@illinois.gov

Visit our website: isac.org

SUBMIT PAGES 1 AND 2 OF THIS COMPLETED FORM TO:

Before submitting, retain a copy for your records. To ensure your personal information is kept secure, we do not recommend sending this document via e-mail.

Mailing Address:	Illinois Student Assistance Commission (ISAC) Attn: Program Requirements D1C
	1755 Lake Cook Road Deerfield IL 60015-5209
FAX:	847.831.8549