ISAC
Illinois Student Assistance Commission

1755 Lake Cook Road
Deerfield, IL 60015-5209
800.899.ISAC (4722)
Website: isac.org
E-mail: isac.proreq@illinois.gov

Program Service 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: Teachers of Illinois Scholarship (TISP) Program, Illinois Special Education Teacher Tuition Waiver (SETTW) Program, Minority Teachers of Illinois (MTI) Scholarship Program, Nurse Educator Scholarship Program (NESP), Nursing Education Scholarships (NES), Golden Apple Scholars of Illinois Program (GAS), Optometric Education Scholarship Program (OESP), Post-Master of Social Work School Social Work Professional Educator License Scholarship Program (SWSP) and Illinois Graduate and Retain our Workforce (iGROW) Tech Scholarship Program.

SECTION 1: DEFERMENT REQUEST – TO BE COMPLETED BY ALL AWARD RECIPIENTS – PLEASE TYPE OR PRINT

Last 4 Digits of Social Security Number: XXX – XX - ____ ____ ____ ____

E-mail Address

Name

( ) Home Phone Number

Street Address

( ) Cell Phone Number

City State ZIP Code

( ) Work Phone Number

***Program* for which I am requesting the deferment of a repayment obligation (circle ONE):**

TISP SETTW MTI NES OESP GAS SWSP iGROW

***Reason* for deferment – see Pages 3, 4 and 5 for explanation of reasons, listed by program (circle ONE):**

Armed Forces	Unemployment	In School	Temporary Total Disability
(attach written statement from commanding officer, and Section 3 must also be completed)	*(Sections 2 and 3 must also be completed)*	*(Sections 3 and 4 must also be completed)*	*(Sections 3 and 5 must also be completed)*

***Period of Time* for which I am requesting a deferment:** From _____ to _____
MM/DD/YYYY MM/DD/YYYY

SECTION 2: UNEMPLOYMENT DEFERMENTS ONLY – TO BE COMPLETED BY AWARD RECIPIENT – PLEASE TYPE OR PRINT

Unemployment Terms and Conditions: I will provide additional documentation to ISAC, as required, to support my deferment status. The deferment will begin on the date I became unemployed (as indicated below). My maximum cumulative eligibility for unemployment deferment is one continuous period not to exceed two years. My deferment will last for no more than six months after the date ISAC receives the deferment request. I must reapply every six months. ISAC will not grant this deferment request unless all applicable sections of this form are completed and any required additional documentation is provided.

I became unemployed or began working less than 30 hours per week effective: _____
Month/Year

I am (select ONE of the following items):

(A) ____ diligently seeking, but unable to find, full-time employment in the United States in any field or at any salary or responsibility level. If I am requesting a continuation of an existing unemployment deferment, I have made at least six diligent attempts to find full-time employment in the most recent six months and have listed these attempts below.

(B) ____ eligible for unemployment benefits, and I have attached documentation of my eligibility for these benefits. The documentation includes my name, address, and the last four digits of my Social Security number, and shows that I am eligible to receive unemployment benefits during the period for which I am requesting a deferment.

In the most recent six months, I have made diligent attempts to find full-time employment with the following employers:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

SECTION 3: CERTIFICATIONS AND CONSENT – TO BE COMPLETED BY ALL AWARD RECIPIENTS

I certify that: 1) the information I provided is true and correct; 2) I will provide additional documentation to ISAC, as required, to support my deferment status; 3) I will notify ISAC immediately when the condition(s) that qualified me for the deferment ends; and 4) I meet the eligibility criteria of the deferment for which I have applied.

Further, I give my consent to the Illinois Department of Employment Security (IDES), the Armed Forces of the United States, the college I attend or the physician (that are listed on this deferment form, as applicable) to release information to ISAC concerning my eligibility for my requested deferment.

By signing below, I confirm that I have read and understand all information on Pages 3, 4 and 5 of this document.

_____
Signature of Award Recipient Date

Printed by authority of the State of Illinois

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SECTION 4: IN-SCHOOL DEFERMENTS ONLY – TO BE COMPLETED BY SCHOOL OR ORGANIZATION – PLEASE 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 regarding the award recipient named above, and on Page 1 of this document *(include information for all applicable terms – if necessary, attach an additional sheet of paper)*:

Term *(e.g., "Fall 2013")*	**Enrollment Status** *(Full Time, Half Time, or Less than Half Time)*	**Course(s) in which Enrolled**	**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

SECTION 5: TEMPORARY TOTAL DISABILITY DEFERMENTS ONLY – TO BE COMPLETED BY PHYSICIAN – PLEASE TYPE OR PRINT

Award Recipient's Name: _____ Last 4 Digits of Award Recipient's SSN ____-____-____-____

I certify that, in my best professional judgment, the award recipient named above and on Page 1 of this document is unable to work and earn money for at least 60 days because of a medically determinable impairment. I am a doctor of medicine or osteopathy legally authorized to practice.

The disabled person (award recipient) became unable to work and earn money effective: _____
Month/Year

The disabling condition is expected to continue until: _____
Month/Year

_____ ( )
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 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**

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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:

Teachers of Illinois Scholarship (TISP) 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.

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.

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

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.

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;
- 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.

Post-Master of Social Work School Social Work Professional Educator License Scholarship Program (SWSP)

If you are required to repay any portion of the scholarship, the repayment period must be completed within 10 years after the scholarship converts to a loan. The 10-year period may be extended if you are:

- pursuing a graduate course of study in a field related to social work and are enrolled on a full-time basis at a qualified Illinois institution of higher learning;
- serving, for not more than three years, as a member of the United States Armed Forces;
- temporarily disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician; or
- actively seeking and unable to find full-time employment as a school social worker at a qualified Illinois school.

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REASONS FOR DEFERMENTS, BY PROGRAM *(continued)*

Nursing Education Scholarships (NES)

If you are required to repay any portion of the proceeds received, the repayment period must be completed within six years after the award converts to a loan. The repayment obligation for nurses and nurse educators may be temporarily postponed and reevaluated every six months if failure to fulfill the employment obligation results from:

- serving as a member of the United States Armed Forces, not to exceed four 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)*;
- being called to active duty (for recipients who are military reservists) by the armed forces of the United States *(if seeking a deferment for this reason, you must attach to this Request Form a copy of the order to active duty; such deferments will be equal to your period of active military duty)*;
- being enrolled in an academic program leading to a higher degree or a graduate degree in nursing *(if seeking a deferment for this reason, you must notify ISAC within 30 days if you are enrolled in an academic program leading to a graduate degree in nursing; if NES funds were received for a higher degree, the deferments will continue until you are no longer enrolled or have graduated)*;
- involuntarily leaving the profession due to a decrease in the number of nurses or nurse educators employed in the State of Illinois *(if seeking a deferment for this reason, you must attach to this Request Form documentation demonstrating that positions do not exist in your area; such deferments will be re-evaluated every six months)*;
- being temporarily disabled as established by the sworn affidavit of a licensed qualified physician, not to exceed three years; or
- requesting up to 12 weeks leave for maternity, paternity or adoption leave *(if your leave will exceed 12 weeks, a deferment may be granted based on documented medical need)*.

During the time you qualify for deferment, payment is not required and interest does not accrue. Your payments must begin no later than six months after the end of any deferments that are granted.

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.

Illinois Graduate and Retain our Workforce (iGROW) Tech Scholarship Program

If a recipient is required to repay any portion of the scholarship, the repayment period must be completed within 10 years after the scholarship converts to a loan. The repayment obligation may be temporarily postponed for a period not to exceed three years if you are:

- serving, for not more than three years, as a member of the United States Armed Forces;
- temporarily disabled, for not more than three years, as established by the sworn affidavit of a licensed qualified physician;
- enrolled in a graduate course of study on a full-time, continuous basis;
- seeking and unable to find full-time employment, and are able to provide evidence of that fact; or
- enrolled as an undergraduate student in an unrelated academic discipline after withdrawing from a program of computer science or other related major area of study.

During the time a recipient qualifies for deferment, payment is not required and interest does not accrue.

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CONTACT ISAC FOR MORE INFORMATION

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:

By phone:	800.899.ISAC (4722)
Via e-mail:	isac.proreq@illinois.gov

For general information regarding financial aid and the programs and services offered by ISAC, contact an ISAC Student Engagement representative 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**