



IMPORTANT: Deferments do not extend your maximum repayment time. Interest does not accrue during a deferment. The receipt of a deferment may require a new repayment schedule to be issued. Submission of a deferment request does not constitute approval. A deferment may be granted for a maximum of twenty-four months in increments of six or twelve months. Interest does not accrue during eligible employment service. To receive credit for employment service, you must be employed full-time as a teacher or therapist in grades pre-k through 12 in a Florida publicly-funded school¹.

SECTION I: TO BE COMPLETED BY THE APPLICANT (PRINT OR TYPE)

Borrower's Name _____ Social Security Number _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 (_____) _____ (_____) _____
 Home Telephone Number Work Telephone Number

Check here if the above reflects a change in your name, address, or telephone number.

Check Type of Loan: CTS Scholarship Loan "Chappie" James Most Promising Teacher Scholarship Loan
 Florida CTS Forgivable Loan Masters' Fellowship Loan for Teachers Occupational Therapist or Physical Therapist Scholarship Loan

COMPLETE ONLY ONE DEFERMENT SECTION OR THE NOTICE OF EMPLOYMENT SERVICE
NOTE: This form should be submitted 45 days prior to the beginning date of the requested deferment period.

SECTION II: EDUCATIONAL DEFERMENT

I am requesting a deferment of repayment due to my full-time enrollment in a postsecondary educational institution.

 Borrower's Signature Date

I certify that the borrower named on this form is currently enrolled as a full-time student for the _____ term which began on
 ____/____/____ and will end ____/____/____ at _____
 Month Day Year Month Day Year Name of Institution

 Registrar's Signature

 Registrar's Name Date

NOT VALID WITHOUT COLLEGE OR UNIVERSITY STAMP OR SEAL



SECTION III: INABILITY TO SECURE ELIGIBLE EMPLOYMENT DEFERMENT

I certify that I have conscientiously sought a full-time eligible teaching or therapist position in a Florida publicly-funded school¹ but have been unable to secure a full-time eligible position.

DEFERMENT REQUESTED FOR ____/____/____ TO ____/____/____
 Month Day Year Month Day Year

I have placed applications with the following schools:

 School Address

 School Address

 School Address

 Borrower's Signature Date

¹ For the purpose of scholarship loans, a Florida publicly-funded school is defined as a school which receives at least 75% of its operating costs from government agencies and operates its education program under contract with a public school district or the Florida Department of Education.

REQUEST FOR DEFERMENT OR NOTICE OF EMPLOYMENT SERVICE

SECTION IV: TEMPORARY TOTAL DISABILITY DEFERMENT

I am requesting a deferment of repayment due to a temporary disability which renders me unable to be gainfully employed.

Borrower's Signature Social Security Number Date

Physician's Statement (must be completed):

I certify that I have personally examined the borrower named on this form and attest that same is currently temporarily disabled due to injury or illness and cannot be expected to be gainfully employed from (Beginning Date) to (Ending Date).

Physician's Signature Date

Physician's Name Physician's Address

Physician's License Number

SECTION V: UNDUE HARDSHIP OR UNEMPLOYMENT DEFERMENT (A Financial Hardship Application/Justification and A Statement Explaining the Hardship Must Be Attached)

I am requesting a deferment of repayment due to undue hardship or unemployment which renders me unable to repay at this time.

DEFERMENT REQUESTED FOR TO Month Day Year Month Day Year

Borrower's Signature Social Security Number Date

SECTION VI: NOTICE OF EMPLOYMENT SERVICE

I am currently employed full-time as a teacher (NOT AS A SUBSTITUTE OR INTERN) or therapist in grades pre-K through 12 in a Florida publicly-funded (NOT PRIVATE) school or district, and will submit Form CES within 45 days of completion of eligible employment service.

Borrower's Signature Social Security Number Date

Beginning date of employment contract Ending date of employment contract Month Day Year Month Day Year

Certification of District Superintendent OR Designee: I certify that the borrower named on this form is currently employed as a full-time teacher or therapist in the following publicly-funded school and district.

Signature of District Superintendent or Designee School

Name of District Superintendent or Designee School District

Date Subject Area of Instruction

PLEASE RETURN THIS COMPLETED FORM TO:

State of Florida Department of Education 325 West Gaines Street, Room 9341 Tallahassee, FL 32399-0400

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