

Scholarship Deferral Request

Submit this form if you do not plan to enroll in college for the upcoming academic year and wish to place your scholarship on hold. If granted, a deferral may not last longer than one year.

STUDENT INFORMATION:

Name

First Middle Last Suffix

Address

City **State** **Zip**

Phone Number

Email

College You Attend

Student ID Number

INSTRUCTIONS:

YOU ARE REQUIRED TO:

- Be in good standing at your school.** Your deferral must not be due to academic suspension or suspension or expulsion due to conduct.
- Have a transcript sent to the Foundation at the address below or have an electronic transcript sent to scholarships@hamptonroadscf.org if you are a current college student. **Transcripts must show grades from the most recently completed academic year.**
- Submit this form and transcripts by the scholarship acceptance or renewal deadline.
- Enroll as a full-time student in an eligible institution by the next academic year.
- Request no more than one deferral during the course of your scholarship.

RETURN THIS FORM AND TRANSCRIPTS TO: Hampton Roads Community Foundation, 101 W. Main Street, Suite 4500, Norfolk, VA 23510 or by email to scholarships@hamptonroadscf.org.

DEFERRAL INFORMATION:

Indicate the first semester you are requesting to defer your scholarship Fall (enter year)

Anticipated semester for reactivating scholarship Fall (enter year) Spring (enter year)

Deferral Category Medical/maternity leave Co-op/internship Required military service No financial need due to other aid Other (e.g. family emergency, gap year, religious)

Describe the reason for your request

Transcript Status Enclosed with form Hard copy requested Electronic copy requested

High school senior/New recipient. Transcript not required.

CERTIFICATION AND SIGNATURE:

I certify that the information submitted is true and correct to the best of my knowledge. I agree to abide by the criteria of any scholarship that may be awarded and the Scholarship Rules and Regulations of the Hampton Roads Community Foundation. I authorize the Foundation to obtain verification of my enrollment status or financial aid information from the aforementioned colleges as needed for the processing of this request.

SIGNATURE _____ **DATE**

FOR OFFICE USE ONLY

Note any previous deferrals

Approved Denied

Reason for Denial