

# DEFERMENT APPLICATION: PRE-K OR CHILD CARE STAFF MEMBER

**(DFCC)**

PART 1: To be completed by the borrower.  
of eligible employment and for a  
maximum of 7 years, I may re-apply for cancellation of a portion of my loan.

The current year of employment began \_\_\_\_\_ and ends \_\_\_\_\_

My telephone number is \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

MC ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) 1 ( ) D-y 7 -1.217 Td ( ) D-y 7 -1.217 Td ( ) D7 Affix Seal or Stamp RT 1.2172: be cm\_et ( )

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

\*\*\*Seal or stamp **MUST** be attached or the letterhead for the organization

For Institutional Use Only

Time Deferred \_\_\_\_\_

Official Name \_\_\_\_\_ Date processed \_\_\_\_\_

Official Name \_\_\_\_\_ Date processed \_\_\_\_\_