



State of Arizona
 Department of Education

Name (Last, First, Middle Initial) _____	Social Security Number ____-____-____	Date: ____/____/____
Local Address (No, Street, Apt/Dorm #) _____	City, State, Zip _____	Current Phone Number (____) ____-____
Period Requested For Deferment Start MO/YR____/____ End MO/YR____/____	Semester and School Returning to. Semester: _____ School: _____	
Reason for Deferment Request: Please explain in the space provided, your reason for requesting a deferment. You must attach supporting documentation of circumstances necessitating the deferment of your scholarship (e.g., letter from your physician, or religious official, letter of acceptance into a study abroad or internship program, etc.)		
Certification: I understand and agree to the following stipulations relative to the deferment of my scholarship: 1. I must return to my IHE (Institution of Higher Education) in the semester immediately following the approved deferment period. 2. I must inform the Robert C. Byrd Coordinator in writing of any change in circumstances relative to the deferment or risk losing my deferment. 3. I may receive only one scholarship deferment that cannot exceed two years. 4. If I fail to provide the Coordinator with my enrollment verification by the specified deadline date I understand I forfeit my status as a "recipient" status and will moved to an "alternate" status.		
Signature _____		Date _____
For Scholarship Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reason for Denial:
_____ Coordinator Signature		_____ Date

Please mail or fax this form to:

**Arizona Department of Education
 Robert C. Byrd Scholarship Coordinator
 1535 West Jefferson Street, Bin #22
 Phoenix, AZ 85007
 Fax: 602.364.1532**