

MCCCD PRESIDENTS' SCHOLARSHIP DEFERMENT APPLICATION

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First, M.I.)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone Number: \_\_\_\_\_  
(Include area code)

Email Address: \_\_\_\_\_

Period requested for deferment: \_\_\_\_\_ to \_\_\_\_\_  
(Start month/year) to (End month/year)

Semester you anticipate returning  
to a Maricopa Community College: \_\_\_\_\_  
(Semester and Year)

*Please contact your Honors' Coordinator before the start of the  
semester you intend to return.*

Reason for deferment request: (Please attach additional written documentation of  
circumstances necessitating the deferment of your scholarship, e.g., student  
letter of intent, letter from physician, program coordinator, religious official, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I understand and agree to the following stipulations relative to the deferment of  
my scholarship:

- I must return to a Maricopa Community College the semester immediately following the deferment period.
- I must inform the Honors Coordinator in writing of any alterations of circumstances relative to the deferment or risk losing that deferment.
- I may receive only one Presidents' Scholarship deferment that cannot exceed two academic years (four consecutive fall and spring semesters).
- I understand that submission of this request does not guarantee deferment.

\_\_\_\_\_  
Signature Date  
For office use only: Approved Denied Reason for Denial  
Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_