



## SAIPAN HIGHER EDUCATION FINANCIAL ASSISTANCE

Office of the Mayor  
Municipality of Saipan

### FORBEARANCE/DEFERMENT FORM

Name of Requestor: \_\_\_\_\_

Please circle your request? Forbearance    Deferment

Last term you received assistance? Fall\_\_ Spring\_\_

Student Data	
Social Security Number: ___-___-___	Phone Number:
Current Mailing Address:	Permanent CNMI Mailing Address:

Educational Data	
Institution (s) Attended	Degree Obtained and Date of Degree Conferral
1.	
2.	
Are you currently employed: Yes __ No __ If so, please indicate place of employment and employment period:	

Reason for Forbearance or Deferment: \*Please attach supporting documents if needed.

1. Are either of you or your spouse serving in the armed force? Yes \_\_ No \_\_ Branch:                      Period:

( ) **Certification:** I certify that all information and documents provided is true and complete to the best of my knowledge. I agree to provide proof of information stated on this form. I understand that if I fail to provide documents of falsify any information provided my appeal will be denied.

Requestor's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_