



GROW YOUR OWN TEACHERS

GROW YOUR OWN ILLINOIS

Request for Waiver or Deferral of Student Loan Repayment Obligation

INSTRUCTIONS: Complete this form to request a waiver or deferral of a GYO student loan obligation. Waivers and deferrals are considered only for individuals who meet one or more of the criteria set forth in 23 Ill. Adm. Code Section 1085.90 of the Grow Your Own Teacher Education Initiative.

Name:	GYO Program:
Address:	Home Phone: Cell Phone:
City, State, Zip	Email:

GYO Enrollment Dates:

Total Amount of GYO Student Loan Obligation:

Total Amount Paid to Date:

I am seeking a: **Waiver** (Complete Part A below) **Deferral** (Complete Part B below)

A. REQUEST FOR WAIVER OF STUDENT LOAN REPAYMENT OBLIGATION

Check the applicable criteria below. Attach the required supporting documentation as noted for each criterion that applies.

I was counseled out of the program. (Attach documentation from the GYO program.)

I have experienced the onset or exacerbation of a disability. (Attach an affidavit from a qualified physician with a physician signature stating the nature of the medical condition.)

I have had to assume the care of an immediate family member.

My home has been destroyed. (Attach documentation such as a declaration by an authorized government office that occupancy in the residence is prohibited.)

Circumstances require me to assume responsibilities that cannot be avoided without serious financial hardship or other family disruption (e.g., death of a spouse that results in the need to take a second job or assume operation of a business).

I was unable to complete the program due to the unavailability of a State appropriation for the initiative for two or more consecutive years. (Attach documentation from the GYO program.)

Other, Please describe in Section C

SKIP SECTION B. COMPLETE SECTION C.

B. REQUEST FOR DEFERRAL OF STUDENT LOAN REPAYMENT OBLIGATION

Check the applicable criteria below. Attach the required supporting documentation as noted for each criterion that applies.

I am unemployed. (Attach copies of your unemployment payments and registration with the State or county unemployment office in the jurisdiction in which you now reside.) The maximum deferral period is 36 months.

I am working fewer than 30 hours a week. (Attach an original letter from your employer stating your current work hours, the date part-time employment began, and how long you are expected to be employed for 30 hours a week or less.) The maximum deferral period is 36 months.

I have re-enrolled as a half-time student in a college/university or in a GYO program. (Attach documentation of enrollment from the college/university and/or the GYO program.) The maximum deferral period is unlimited but is contingent upon continued enrollment in a college, university or a GYO program at least half time.

I am experiencing financial hardship. I receive means-based assistance and/or I earn less per month than 200% of my monthly loan payment. (Attach a copy of your most recent earnings statement and/or documentation of enrollment in assistance programs such as Temporary Assistance to Needy Families, WIC, Food Stamps, etc.) The maximum deferral period is 36 months.

I am a member of the National Guard or Ready Reserves who has been called to active duty for more than 30 days. (Attach a copy of your orders.) The maximum deferral period is 36 months.

I am an active member of the Armed Forces who has been reassigned to another duty station for more than 30 days. (Attach a copy of your orders.) The maximum deferral period is 36 months.

COMPLETE SECTION C.

C. In the space below explain the circumstances that have led you to request a waiver or deferral of your GYO student loan repayment obligation.

NOTE: The requests of applicants who misrepresent their circumstances in order to obtain a waiver or deferral shall be denied.

COMPLETE SECTION D.

This section to be completed by GYO Candidate/Applicant

I do hereby certify that the information provided above and the supporting documents are true, correct, and complete.

Date: _____ Signature of Candidate/Applicant: _____

This section to be completed by GYO Program Director

I have reviewed the information to the best of my knowledge and it appears to be accurate.

Date: _____ Signature of GYO Program Director: _____

Printed Name of GYO Program Director _____

I am recommending approval of this Waiver or Deferral of Student Loan Repayment Obligation
Rationale:

I am not recommending approval of this Waiver or Deferral of Student Loan Repayment Obligation
Rationale:

Email signed forms to KSnyder@GYO-IL.org or Mail signed forms to:
Grow Your Own Illinois
1901 W. Carroll
Suite 201 A
Chicago, IL 60612

This section to be completed by the authorized Grow Your Own Illinois Administrator

GYO IL approval of this Waiver or Deferral of Student Loan Repayment Obligation is granted. Rationale:

GYO IL approval of this Waiver or Deferral of Student Loan Repayment Obligation is not granted. Rationale:

Date: _____ Signature of GYO IL Administrator: _____

Printed Name of GYO IL Administrator: _____