



# Collins Scholarship Deferment Request

DATE: \_\_\_\_\_

SCHOLAR NAME: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEFERMENT SEMESTER(S): \_\_\_\_\_

*Scholars may defer up to 4 semesters consecutively.*

CURRENT PLANS:

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I chose to defer my Collins Scholarship (not use any funds) this semester; I anticipate its use beginning the \_\_\_\_\_ semester.

SCHOLAR SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*This form must be completed prior to the beginning of deferred semester(s).*