Request for Forbearance
(Collegiate Enrollment)

I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of deferred principal payments, as determined by the lending institution based on my collegiate enrollment, and that interest will continue to accrue on this debt and remain payable on a monthly basis. I understand that should I fail to make or if I am unable to make monthly interest payments, accrued interest will be capitalized at the discretion of the lending institution. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum ten-year period.

Borrower's Name/Address:_____ Mail completed form to: Trinity University

_____ Student Accounts & Loans

_____ One Trinity Place

_____ San Antonio, TX 78212-7200

Email Address: _____ Account Number: _____
(For Walton Loan purposes, this is your SS#)

Section 1 Applicable Benefits

I request a forbearance on my Walton Loan. My current principal balance on this loan is _____. I am enrolled in a graduate program at an accredited college or university, as certified below in Section 4. I understand that this forbearance will defer my principal payments only; interest will continue to accrue at _____ percent (__%) and be payable monthly. If I fail to pay or am unable to pay my accrued monthly interest payments in part or in full, I authorize the lender, Trinity University to request that accrued interest be capitalized at the lender's discretion.

Section 2 Certification Period

Forbearance Starting Date _____Ending Date_____

Section 3 Borrower Signature

I declare that the information above is true and correct. I further declare that I will notify my lender or Educational Computer Systems, Inc. (ECSI) immediately upon any change in my status.

Signature of Borrower _____Date_____Day Phone _____Evening Phone_____

Section 4 Certification by College / University

I certify that the information stated above is true and correct.

Name of College / University _____

Address _____

City _____State _____Zip_____Phone _____

Signature of Authorized official _____

Title _____Date _____

INVALID WITHOUT OFFICIAL SEAL OR STAMP

FOR INSTITUTIONAL USE ONLY

Approved_____Disapproved_____Official Name_____Date_____

Please return this form within the next (10) days to claim exemption of payment and eliminate past due notice. This form will be returned to the borrower if it is incomplete.