

South Carolina Graduate Incentive Scholars Award Program

Request for Cancellation or Deferment - Institution Number: 19013

Social Security # _____

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Date of Birth: _____

Lending Institution: Medical University of South Carolina

Date You Left Lending Institution: _____

This is to certify that I am (check only one):

Recently employed, in South Carolina and wish to defer my loan for one year prior to cancellation. Date of employ: _____

Serving an internship, residency, or fellowship.

Type of Program: _____

Institution Name:

Signature of authorizing official:

Verification for residency must bear official stamp or seal of the institution.

Requesting cancellation of up to \$5,000 of my loan for each year of employ within the State of South Carolina. Enclosed is the following document:

1. A statement from my employer verifying my dates of employ with an entity conducting business within the state of South Carolina.

Borrowers Signature: _____ Date: _____

Return completed form to: Medical University of South Carolina
Student Accounting
Post Office Box 250177
Charleston, SC 29425