



Collins Scholarship Deferment Request

DATE: _____

SCHOLAR NAME: _____

COLLEGE: _____

DEFERMENT SEMESTER(S): _____

Scholars may defer up to 4 semesters consecutively.

CURRENT PLANS:

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).