


Kentucky Board of Nursing
NURSING INCENTIVE SCHOLARSHIP FUND
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

REQUEST FOR DEFERRAL

To be completed by Nursing Incentive Scholarship Fund (NISF) recipient:

Recipient's Name

Social Security Number

Street Address

City

State Zip

Area Code/Phone Number

I request deferment of the payment of the principal on my scholarship pursuant to 201 KAR 20:390. The reason for my request for deferment is:

I currently have either a disability, a major illness, or **have** had an accident that prevents me from completing (Temporarily or Permanently) the program of nursing in which I am enrolled.

A physician's statement must be included with the deferment form.

I currently have either a disability, a major illness, or have had an accident that prevents me from being employed (Temporarily or Permanently) **as a nurse** in Kentucky.

A physician's statement must be included with the deferment form.

I have failed to achieve successful academic progression for the _____ semester.

Deferment applies for only 1 academic year.

I agree: 1) that interest shall accrue on the principal balance during the period of deferment; 2) to notify the Kentucky Board of Nursing immediately upon termination of my claimed status; and 3) to provide documentation at least once every six months to support my continued deferment status.

Recipient's Signature

Date

OFFICIAL USE ONLY

NISF Program Coordinator's Signature: _____ Date: _____

Deferment Begin Date: _____ End Date: _____ Letter Sent: _____