

# Regents' Scholarship

## Application for Deferment—For High School Class of 2013

**This application is to be used by students who will/have graduated in 2013 and have been found “on-track” to receive a Regents' Scholarship.** Students must obtain an approved deferral if they do not enroll in 15 credit hours at an eligible Utah institution for Fall semester immediately following high school graduation. Applications for deferment are approved at the discretion of the scholarship committee. Deferments are not granted for working rather than attending school, or to attend a non-eligible institution. If you have questions regarding the Regents' Scholarship call 801-321-7159 or visit [www.higheredutah.org](http://www.higheredutah.org). This application and all other documents required for final review are due, postmarked, **July 1, 2013. Faxed or emailed documents are not accepted.**

**Award amounts are determined on an annual basis and are subject to legislative funding and number of qualified participants. Therefore, award amounts may be reduced, may vary from year to year, and are dependent on when the recipient is enrolled in college.**

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. E-mail address \_\_\_\_\_
5. List the Utah college or university you plan to attend once your deferment is over \_\_\_\_\_
6. Have you been admitted to the college you listed in the answer for question five?  Yes  No
7. Check the reason you are requesting a deferment:  Medical/Health  Military  Humanitarian/Religious Service  
 Other (please specify) \_\_\_\_\_

**Note:** Deferments are not granted for working rather than attending school, or to attend a non-eligible institution. **If you are seeking a deferment for humanitarian/religious service reasons, and your 18th birthday (for males)/19th birthday (for females) is on December 1, 2013 or thereafter, you are required to enroll in 15 credit hours Fall semester 2013.**

8. Indicate the date and semester for which you are requesting an approved deferral to begin (check one):  
Deferment Begin Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Fall  Winter  Spring  Summer Academic Year (i.e. 2013-2014) \_\_\_\_\_/\_\_\_\_\_  
9. Indicate the semester you will enroll in once your deferment has ended (check one):  
Deferment End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Fall  Winter  Spring  Summer Academic Year (i.e. 2014-2015) \_\_\_\_\_/\_\_\_\_\_  
10. What is your anticipated graduation date (check one):  
 Fall  Winter  Spring  Summer Academic Year (i.e. 2015-2016) \_\_\_\_\_/\_\_\_\_\_  
11.  I have provided a one page (maximum) written and signed statement, providing reasons for requesting a deferral.  
12.  I have provided supporting documentation related to the deferment request
  - If applying for a deferment due to medical reasons, you must include a doctor's note (on office letterhead).
  - If applying for a deferment due to serving a humanitarian mission,
    - \* If you have not received your call at the time of application, you must include a letter (on letterhead) from your ecclesiastical leader stating the intent to serve a mission, leaving prior to **December 1, 2013**. You will be required to submit a copy of your mission call once you have received it.
    - \* If you have received your call you must include a photo copy of the call.

I understand that by submitting this form I am not guaranteed an approved deferment. I understand that if the request for deferment is denied I will need to enroll in 15 credit hours Fall semester immediately following high school graduation. I acknowledge this is not a deferment application from a college. If I am found approved for the scholarship, it is my responsibility to meet the deadlines for submitting documentation in order to receive the scholarship award. I am responsible for filing an additional deferment application if I do not plan to return for the semester as indicated above. **Failure to do so will result in forfeiture of the scholarship.** I certify that all information regarding my request for a deferment is true and correct.

**All documents related to the Regents' Scholarship must be mailed to by (postmarked July 1, 2013):**

Utah System of Higher Education  
Regents' Scholarship  
PO Box 145114  
Salt Lake City, Utah 84114-5114

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**(For Office Use Only)** Approved \_\_\_\_\_ Approved with conditions \_\_\_\_\_ Denied \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Regents' Scholarship

## STUDENT INFORMATION RELEASE FORM

Regents' Scholarship  
PO Box 145114  
Salt Lake City, Utah 84114-5114

Phone: 801.321.7159  
Web: [higheredutah.org](http://higheredutah.org)  
Email: [regentsscholarship@utahsbr.edu](mailto:regentsscholarship@utahsbr.edu)



Student Information is governed by the Family Educational Rights and Privacy Act (FERPA). This act extends privacy rights to students, age 18 and over, regarding their educational records and information. If the student wishes to give permission to a specified person to access their confidential educational records (e.g., grades, financial information, etc.), the following form must be filled out and mailed, **faxed or emailed documents are not accepted.**

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Name of person(s) to be given permission of release of information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I, the undersigned, understand that by submitting this form it does not allow for the above mentioned persons to sign documentation on my behalf, but only grants permission for the release of any of my personal educational records regarding the **Regents' Scholarship** to the above mentioned person(s).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_