



Financial Aid Deferment Request Fall 2009 – Spring 2010

Last Name: _____ First Name: _____

Eagle ID/UIN #: _____ Date: _____

Cell Phone Number: _____

I am requesting a deferment for my Fall 2009 – Spring 2010 Meal Membership, based on my Financial Aid award from the University. By signing this form you are agreeing to the following:

1. **I must pay a \$300.00 deposit to hold my account, which is not refundable.**
2. This deferment represents only a **temporary** extension of the payment deadline.
3. If my secured financial aid is less than the funds needed to pay the balance on my meal membership, I will be personally responsible for any remaining amount due, in full, on or before Friday, August 28, 2009 for the Fall 2009 semester and on or before Friday, January 8, 2010 for the Spring semester.
4. This deferment is not a credit advance; it is an extension of the original deadline.
5. The **Dining Dollars** portion **will not** be released until the meal membership is paid in full.

Student Signature	Date	Phone #
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Parent/Guardian's Signature	Date	Phone #
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If you have questions, please call Eagle Dining at (239)590-1226, fax to (239)590-7652

For office use only:

Meal Membership Chosen: _____

Total Cost of Membership: _____

Deposit Paid: _____

Amount Deferred: _____

Financial Aid Used: _____

Remaining Balance: _____