



Hathaway Scholarship  
NWC Deferment Request Form

RETURN COMPLETED FORM TO:  
NWC Financial Aid & Scholarships Office  
ORENDORFF BUILDING Rm 104  
231 W Sixth St BLDG 1  
Powell, WY 82435-1898  
P: 307.754.6158 F: 307.754.6154  
financialaid@nwc.edu

**Post-initiation deferment can be requested by a student who has initiated Hathaway, but wishes to put scholarship payment on hold** for a certain number of semesters. Hathaway Scholarship Rules require any student who wishes to defer the use of their Hathaway Scholarship to notify the appropriate eligible institution of their decision. NWC requires students to contact the Hathaway Technician and complete a Deferment Request **prior** to commencement of the semester(s) for which deferment is requested.

This notice shall clearly list all semesters the student intends to defer scholarship payment. **STUDENTS ARE REQUIRED TO COMPLETE A HATHAWAY REINSTATEMENT REQUEST** prior to the semester in which Hathaway payments are intended to resume. Please retain a copy for your records.

**STUDENT INFORMATION:**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
NWC Student ID

\_\_\_\_\_  
Student Mailing Address, City, State, Zip

\_\_\_\_\_  
Date of Birth (mm/dd/yy)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone number (include area code)

**I am requesting a deferment of my Hathaway award for the following semester(s):**

Fall 20\_\_ Spring 20\_\_ Summer 20\_\_ Fall 20\_\_ Spring20\_\_ Summer20\_\_

**I intend to resume use of my Hathaway award:**

Fall 20\_\_ Spring 20\_\_ Summer 20\_\_

**(MUST COMPLETE A HATHAWAY REINSTATEMENT REQUEST PRIOR TO START OF TERM INDICATED)**

**Please indicate the reason(s) you wish to defer your Hathaway award** (e.g. *have other scholarships I prefer to use*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all semesters of deferment shall count toward maximum scholarship eligibility time frame, but not towards the six-year maximum allowable payment. I must submit a Hathaway Reinstatement Request prior to the start of the term in which I would like to begin receiving the Hathaway Scholarship in order to officially terminate the deferment and recalculate my eligibility. Upon completion of my deferment semester(s), I understand that all Hathaway standards must be met to resume receiving the award.

Hathaway Scholarship eligibility shall not extend beyond the equivalent of eight full time semesters, or extend to any semesters that commence six academic years after initial eligibility. A maximum of four full time semesters can be received at a Wyoming Community College.

It is my responsibility to contact the financial aid office where I am attending with questions or for more information regarding the Hathaway Scholarship Program.

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