



State Grant and Special Programs
 Phone: 1-800-692-7392 Fax: 717-720-3786
 1200 North Seventh Street, Harrisburg, PA 17102-1444

**NEW ECONOMY TECHNOLOGY SCHOLARSHIP (NETS) PROGRAM
 EMPLOYMENT DEFERMENT REQUEST**

Section I - Student Information

Please print the following information:

**Pennsylvania Higher Education
 Assistance Agency (PHEAA)**

State Grant and Special Programs
 New Economy Technology Scholarship
 P.O. Box 8157
 Harrisburg, Pennsylvania 17105-8157
 Fax 717-720-3786

Account Number or SSN: _____

Name: _____ Date of Birth ___/___/___

Address: _____

City, State, Zip: _____

Telephone-Home: _____ Telephone-Other: _____

Email: _____

Section II - Employment Deferment Request

I am requesting consideration for deferment of the NETS work obligation for the reason(s) indicated below and have attached the appropriate documentation:

_____ I was unable to begin full-time graduate study within 12 months of completion of undergraduate study due to extenuating circumstances.
PLEASE PROVIDE A WRITTEN EXPLANATION OF THE EXTENUATING CIRCUMSTANCES, INCLUDING THE DATE THESE CIRCUMSTANCES BEGAN.

_____ I have been unable to seek employment due to personal or family illness, injury or other family circumstances.
PLEASE PROVIDE AN EXPLANATION OF THE ILLNESS OR INJURY, INCLUDING THE DATES OF ITS ONSET, DURATION, AND EXPECTED IMPACT ON YOUR FUTURE EMPLOYMENT, AS WELL AS ANY RELEVANT DOCUMENTATION FROM MEDICAL PROVIDERS.

_____ I have been unable to find qualified employment due to job market conditions.
PLEASE PROVIDE DOCUMENTATION OF YOUR JOB SEARCH AND A COPY OF YOUR RESUME. THIS DOCUMENTATION SHOULD INCLUDE ALL EMPLOYERS TO WHICH YOU APPLIED FOR EMPLOYMENT AND SHOULD LIST THE EMPLOYER'S NAME, ADDRESS AND DATE OF APPLICATION.

_____ I have been unable to begin employment due to required military service.
COPIES OF YOUR MILITARY ORDERS MUST BE ATTACHED.

_____ I am unable to begin or continue employment in Pennsylvania due to other extenuating circumstances.
PLEASE PROVIDE A WRITTEN EXPLANATION OF THE EXTENUATING CIRCUMSTANCES, INCLUDING THE DATE THESE CIRCUMSTANCES BEGAN.

Student Signature _____ Date _____

Return completed form to PHEAA address in Section I.

NETSEmployDeferRequest.Employment Forms.NETSEmployment.NETS

