



**Medical Imaging and Radiation Therapy Scholarship and Continuing Education Fund  
REQUEST FOR DEFERMENT**

To be completed by Medical Imaging and Radiation Therapy Scholarship and Continuing Education Fund recipient.

Full Name: \_\_\_\_\_  
*Last First M.I. Social Security Number*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I request deferment of the payment of the principal on my scholarship pursuant to 201 KAR 46:100. 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 medical imaging, radiation therapy, limited x-ray machine operator program in which I am enrolled or the post-primary certification requirements. **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 medical imaging technologist, radiation therapist, or limited x-ray machine operator in Kentucky. **A physician's statement must be included with the deferment form.**
- I currently am an active duty member of the Armed Forces of the United States that prevents me from completing the medical imaging, radiation therapy, limited x-ray machine operator program in which I am enrolled or the post-primary certification requirements. **Form DD-214 or other proof of active military status must be included with the deferment form.**
- I currently am an active duty member of the Armed Forces of the United States that prevents me from being employed as a medical imaging technologist, radiation therapist, or limited x-ray machine operator in Kentucky. **Form DD-214 or other proof of active military status must be included with the deferment form.**
- I have failed to achieve successful academic progression for the \_\_\_\_\_ school year. **A certified official transcript must be included with the deferment form. Deferment applies for only one 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 Medical Imaging and Radiation Therapy 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: Approved  Denied  Deferment Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_