



REQUEST FOR HARDSHIP / FORBEARANCE **SC-CREATE**

SOUTH CAROLINA DEPARTMENT OF EDUCATION **Office of Special Education Services**

Complete and fax to 252.565.0082 or email as attachment to director@sccreate.org

Name _____
First Middle Initial Last

Address _____

City _____ Zip _____ Email: _____

Home Phone () _____ Work Phone () _____

School District/Other _____ Principal/Supervisor _____

Position (e.g., General Ed Teacher, Teacher Assistant, etc.) _____

Licensure Area Pursued through CREATE (e.g. ED, LD, SLP, VI, etc.) _____

Licensure Program (e.g., BCBA, PACE-ED, add-on, bachelor's, MAT, MCD, or MSLP): _____

I request deferment of reimbursement of scholarship funds that I received through CREATE, pursuant to the *Employment Agreement* and *Policies and Conditions*, to which I signed in agreement at the time of my application to CREATE, because of the following action that I acknowledge on my part (check one; attach statement of explanation as needed):

- ☐ Inability to complete licensure program (due to unsatisfactory/failing grades, other)
- ☐ Unprofessional or unethical behavior (provide full account on separate paper and attach)
- ☐ Withdrawal from scholarship course(s) which caused forfeiture of CREATE funds
- ☐ Unwillingness to complete licensure program (due to change of mind, other reason)
- ☐ Inability to obtain an employment position in newly-obtained licensure area for purposes of returning three years of service to the State
- ☐ Unable to complete three years of return service to the State

The reason(s) why I am requesting deferment of reimbursement is/are the following (check all that apply):

- ☐ Economic and/or financial limitations
- ☐ Family/personal situation (e.g., divorce, serious illness with child, etc.)
- ☐ Military transfer/re-location
- ☐ Other (specify on separate paper and attach)

Signature

Date