



**REQUEST FOR HARDSHIP / FORBEARANCE  
Project 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](mailto: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 Project 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