

Request for Perkins Deferment and/or Cancellation Qualifying Teaching, Speech Language Pathologist, and Librarian Services

Section 1: Borrower Identification

Last Name:		First Name:		MI:
Student ID number or la	st 4 digits o	f Social Security number	r:	
Current mailing address:	:			
City:		State:	Zip:	
Phone number: ()	-		
Email address:				
Lender/school name:				
School code:				

Section 2: Information

A cancellation/deferment may be available if you are employed full-time as a:

- Teacher in a federally designated low-income school or education services agency
- Special education teacher of disabled children
- Teacher in a shortage field
- Faculty member at a Tribal college or university
- Speech language pathologist with a master's degree working exclusively for low income schools
- Librarian with a master's degree in library science employed in a low-income school or public library servicing low-income schools

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is "loan forgiveness." Following a year of service in one of the roles listed above, a portion of your Perkins loan balance may be cancelled. Cancellation rates are as follows:

1st year of service: 15% 2nd year of service 15% 3rd year of service: 20% 4th year of service: 20% 5th year of service: 30%

For qualifying teaching, speech pathologist, and library services cancellations, a deferment should be requested prior to the first year of service. After that, request a cancellation and deferment each year on the anniversary of your original deferment.

With the exception of teachers in a federally designated low-income school, all teaching and librarian servic

With the exception of teachers in a federally designated low-income school, all teaching and librarian services deferments/cancellations require that an employer-certified job description be included with this form. Librarians and Speech Pathologists must provide documentation evidencing a master's degree.

SECTION 3: APPLICANT STATEMENT										
A t	nployed full-time a teacher in a federa unty:		gnated lo	w-income s	school or	education	nal services age	ency located	in the following	
A special education teacher of disabled children.										
A teacher in a shortage field. I am teaching as a:										
A faculty member at a Tribal college or university.										
A librarian with a master's degree in library science employed in a low-income school or public library serving low-income schools.									_	
A speech language pathologist with a master's degree working exclusively for low-income schools.										
Start date of	employment:	/	/		A	re you sti	ll employed?	Yes	No	
If no, end da	ate of employment	t:	/ /							
I am requesting:										
	eferment from rvice.	/	/	to	/	/	as I anticipa	ate completin	ng one full year of	
Ca	ncellation from	/	/	to	/	/	as I have	completed or	ne full year of servic	e.
Section 4: Employer Certification										
This section must be completed by your employer. Employer/School Name: Name of Authorized Official:										
Telephone Nur	mber: ()	-		Title of	• Authorize	ed Official:			
Address:										
City:					State:			Zip:		
Authorized Offi	icial Signature:				Date:	/	/			

PLACE OFFICIAL SEAL OR STAMP HERE (NOTARY SEAL NOT ACCEPTABLE)

NOTE: If an employer does not have an official stamp or seal, please attach a typed and signed letterhead certification by the employer verifying full-time employment and hire date.

Section 5: Borrower Certification and Authorization

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my deferment/cancellation eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued deferment/cancellation status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end; (4) I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature:					
Date:	/	/			

SECTION 6: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Heartland ECSI 181 Montour Run Road Coraopolis, PA 15108

Before sending your application, verify that:

The form is filled out completely. All sections are required.

An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment and hire date must be submitted.

Included a copy of an employer-certified job description. (Exception: teachers at low-income schools do not need to submit a job description).

Librarians and Speech Pathologists must include a copy of a master's degree.

NOTE: Applications are typically processed within 10 business days. You will be notified of the status of your deferment/cancellation via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a deferment/cancellation has been posted.