

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 last 4 digits of Social Security number: _____

Current mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____ - _____

Email address: _____

Lender/school name: _____

School code: _____

SECTION 2: INSTRUCTIONS

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 service



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

I am/was employed full-time as:

- A teacher in a federally designated low-income school or educational services agency located (school and county are required).

School Name _____ County Where School Is Located _____

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: / / . Are you still employed? Yes No

If no, end date of employment / / .

I am requesting:

- Deferment from / / to / / as I anticipate completing one full year of service.
- Cancellation from / / to / / as I have completed one full year of service.

SECTION 4: EMPLOYER CERTIFICATION

This section must be completed by your employer.

Employer/Company/School Name:

Name of Authorized Official:

Telephone Number: () -

Title of Authorized Official:

Address:

City:

State:

Zip:

Authorized Official Signature:

Date: / /

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

* 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: ADDITIONAL INFORMATION

Please forward completed form and requested supporting documents to:

University of Wisconsin - Stevens Point (L9)

c/o Heartland ECSI

P.O. Box 1278

Wexford, PA 15090

Phone: 888-549-3274

<https://heartland.ecsi.net>

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.

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.

