



Dear Borrower:

You may be eligible to receive a partial cancellation on your Federal Perkins Student Loan based on the employment conditions listed below. If you qualify, we will place a partial cancellation on your account at the end of each full year of employment. (A gap in employment of more than 2 days will cause us to re-start your eligibility year.)

**PLEASE MARK THE APPROPRIATE BOX BELOW, COMPLETE THE FORM ON THE BACK, HAVE IT CERTIFIED BY YOUR SUPERVISOR AND RETURN IT TO OUR OFFICE. IF YOU CHANGED EMPLOYERS DURING THE YEAR, WE NEED A COMPLETED FORM FROM EACH AGENCY.**

Effective October 14, 2008 all Perkins Loans are eligible for cancellation in work in the following areas:

- As a **Peace Corps or Vista Volunteer**. (A maximum of 4 years of cancellation)
- In the **Criminal Justice System**: You must be working full-time as a sworn law enforcement officer, corrections officer, public prosecuting or defending attorney, or a person whose principal responsibilities are unique to the criminal justice system. Your service must be essential in the performance of the agency's primary mission. The agency where you are employed must be a local, State, or Federal law enforcement or corrections agency, which is publicly funded; and the principal activities of which pertain to crime prevention, control, reduction, or the enforcement of the criminal law. Agencies that are primarily responsible for enforcement of civil, regulatory, or administrative laws are ineligible.
- As a **Nurse or Medical Technician** providing health care services. This includes L.P.N., registered nurse, or other individuals who are licensed by the appropriate State agency to provide nursing services. Medical Technician is defined as an allied health professional (working in fields of therapy, dental hygiene, medical technology, or nutrition). They must be certified, registered or licensed by the appropriate State agency. An allied health professional is someone who assists, facilitates, or complements the work of physicians and other health care specialists.
- In a public or nonprofit child or service agency who is providing, or supervising the provision of, **service to high-risk children** who are from low-income communities and the families of such children. High Risk children are defined as individuals under the age of 21 who are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placements outside their homes or are involved in the juvenile justice system.
- As a qualified **provider of early intervention services** in a public or other nonprofit program under public supervision by the lead agency as authorized in section 676(b)(9) of the Individuals With Disabilities Education Act. These services are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas of development: physical, cognitive, language and speech, psychosocial, or self-help skills.
- As a **Firefighter** employed full-time by a Federal, State, or local firefighting agency to extinguish destructive fires or provide firefighting related services, such as: providing community disaster support and, as a first responder, providing emergency medical services; conducting search and rescue; providing hazardous materials mitigation (HAZMAT).

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**BURSAR'S OFFICE – STUDENT LOANS**

University of Wisconsin – Madison • 333 East Campus Mall # 10501 • Madison WI 53715-1383  
Phone: (608) 262-1791 • Fax: (608) 265-3201 • E-Mail: [stuloans@bussvc.wisc.edu](mailto:stuloans@bussvc.wisc.edu) • <http://www.bussvc.wisc.edu/bursar/bursar.html>

**FEDERAL PERKINS STUDENT LOANS  
REQUEST FOR PARTIAL CANCELLATION OF LOAN FOR EMPLOYMENT**

Borrower's Name: _____	Last 4 digits of SSN - <u>XXX-XX-</u> _____
Address _____	<b>PHONE NUMBERS</b>
City: _____ State: _____ Zip: _____ - _____	HOME: (____) _____
E-Mail: _____	WORK: (____) _____
	CELL: (____) _____

**Part I: To be completed by applicant.**

<p><b>Place of Employment:</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____</p>	<p><b>Type of Agency:</b>  <input type="checkbox"/> Public or private non-profit Child or Family Service Agency  <input type="checkbox"/> Public or non-profit program under Public Supervision  <input type="checkbox"/> Health Care Agency  <input type="checkbox"/> Local, State or Federal Law Enforcement or Correctional Agency  <input type="checkbox"/> Peace Corps or Vista Volunteer Agency  <input type="checkbox"/> Federal, State or Local Firefighting Agency</p>
<p><b>Job Title:</b> _____</p>	<p><b>Dates of Full-Time Employment:</b> <i>(Use exact dates.)</i>          I began working for this agency on:          _____ / _____ / _____          And expect to continue through at least, or left employment on:          _____ / _____ / _____          I expect to be employed for another year:          Yes: _____ No: _____</p>
<p><b>Job Description:</b> <i>(Attach employer's official job description if available.)</i>          _____          _____          _____</p>	
<p><i>I declare that I am presently employed as described above. I agree that if, for any reason, I DO NOT complete twelve (12) months of employment, I will immediately notify the Student Loans Office. I further agree to continue to make payments on the loans that do not qualify for this type of partial cancellation.</i></p>	
<p>Signature of Borrower: _____ Date: _____</p>	

**Part II: To be completed by employing official (e.g. Supervisor or H.R. representative).**

*I CERTIFY the above statements concerning this employee's full-time employment are true and correct.*

Signature of Official: _____	Official Seal or Stamp of Employing Agency
Title: _____	<i>(If not available provide official letterhead.)</i>
Phone Number: _____	
Date: _____	

**Part III: To be completed by University.**

	<u>Loan #</u>	<u>Principal Cancelled</u>
Cancellation Dates: _____ / _____ to _____ / _____	_____	_____
Postponement Dates: _____ / _____ to _____ / _____	_____	_____
Final Cancellation: Yes: _____ No: _____	EMC Scheduled for: _____ / _____	
<p>___ DISAPPROVED:            Signature: _____ Date: _____</p>		