



Dear Borrower:

You may be eligible to receive a partial cancellation on your Federal Perkins Student Loan based on your employment as a full-time teacher. You must apply for a partial cancellation at the end of each academic year.

If you have not completed your first full year of teaching, complete the form on the reverse indicating that you have not worked a full year, have it certified and return it to our office. If you qualify, we will postpone or defer your account until your year is over. At that time we will need verification that you taught a complete 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.

Cancellation is granted at a rate of 15% for the first and second year of teaching, 20% for the third and fourth year of teaching and 30% for the fifth year of teaching. For the following:

- Teaching in an elementary or secondary school serving ***low-income students***. Low-income communities are defined as having a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended. The Secretary selects schools based on a ranking by the State education agency. If you are not sure if your school has been selected call the Student Loan Office for verification.
- Teaching in ***special education***; a full-time special education teacher of infants, toddlers, children, or youth with disabilities, in a public or other nonprofit elementary or secondary school system.
- Teaching mathematics, science, foreign language, bilingual education, or in a ***shortage field*** where the State education agency determines that there is a shortage of qualified teachers.
- Teaching at a ***Tribal College or University***; an educator or tenured individual who is employed by a Tribal College or University; an instructor, lecturer, lab faculty, assistant professor, associate professor, full professor, dean, or academic department head.
- Working as a ***speech language pathologist*** exclusively in a Title I school; has obtained a postgraduate academic degree awarded after the completion of an academic program of up to six years in duration, excluding a doctorate or professional degree.
- Working as a ***librarian*** with a master's degree in library science employed in a school served under Title I of the ESEA or in a public library serving a Title I school.

Cancellation is granted at a rate of 15% for each year up to a maximum of 100% for:

- Serving as a full-time staff member regularly employed in a professional capacity to carry out the educational part of a ***Head Start*** program **OR** a ***pre-K or child care*** program licensed or regulated by the state.

BURSAR'S OFFICE – STUDENT LOANS

University of Wisconsin – Madison • 333 East Campus Mall # 10501 • Madison WI 53715-1383
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**FEDERAL PERKINS STUDENT LOANS
REQUEST FOR PARTIAL CANCELLATION OF LOAN FOR TEACHING SERVICES**

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

Part 1: To be completed by applicant

Place of Employment School: _____ Address: _____ City: _____ State: _____ Zip: _____ School District: _____ County: _____	Type of Agency: <input type="checkbox"/> High Concentration of Students from Low-Income Families <input type="checkbox"/> Teacher of the Handicapped <input type="checkbox"/> Pre-School (Headstart or State Licensed/Regulated) <input type="checkbox"/> School Operated by the Bureau of Indian Affairs <input type="checkbox"/> Elementary or Secondary Public or Nonprofit School
Job Title: _____	Dates of Full-Time Employment (Use exact dates) 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: _____
Job Description: (Attach Employer's official job description if available.) _____ _____ _____	

*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.*

Signature of Borrower _____ Date: _____

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 School (If not available provide official letterhead.)
Title: _____	
Phone Number: _____	
Date: _____	

Part III: To be completed by University

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