

TON COLLEGE

request for cancellation of Perkins loan special education teacher

def/cn _____ to _____
def/cn _____ to _____
sent ltr _____

Uvcvg o gpv"vq"Cr r nkecp"cpf"G o r nq {gt"cdqww"v jku"Hgfgtci"nqcp"dgpglv

those that teach or serve as teaching professionals to defer loan payments and receive cancellation benefits (loan forgiveness). Applicants become special educational services to students with "handicaps" as defined by the Disabilities Education Act, Section 6102(a)(1).

Instructions to Applicant: The Applicant always completes sections A, B, and C. Section D is only completed once the cancellation benefit is earned upon completion of a full academic year postponement of payment period. Once you have completed your sections, deliver the form to your Principal or a verification specialist in your Human Resources office for completion of sections E and F.

Instructions to Employer: The Employer completes sections E and F of this form. Your employee (the applicant) is hereby applying for a Federal Loan benefit based on the fact that he/she is a full-time teaching professional as defined in the statement above.

section a

section b

tBAicrfacAaiehaBOpifiywBTefayeavPiIPaeimBa,cpaviwwahpHmieayahBlcTraucAmaviePaRBleicTaEalcmtwBeBrF

section c

1. This is the first time I am applying for a postponement of payment for the school named in Section B.
 Yes No
If you answered yes, you are required to submit a hire letter or contact copy for your position.
2. I anticipate that I will complete a full academic year of employment in the school named in Section B and thereby qualify for the cancellation that follows my postponement of payment.
 Yes No
3. My official first day of full-time employment as a teaching professional with this school was or will be:

section d

1. Yes No
2. 2015-2016 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021 2021-2022
3. I am only teaching students that are in need of special education services or the "handicapped." Handicapped students are defined as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedic impairment, or other health impairments. Yes No
4.
5.

NB: Do not apply for the cancellation portion of your benefit prior to fifteen days before the end of the academic year for which you are seeking the benefit. Early submissions will be rejected.

section e

1. Yes No
2. Yes No
- 3a. Is the applicant a full-time teacher in a Special Education for purposes of salary, tenure, and retirement benefits? Yes No
- 3b. Is the applicant teaching in a non-classroom setting; or providing special education related services supporting classroom teaching, including guidance counseling only to special education students? Yes No
4. Is the applicant a full-time teacher's aid meeting the same definition as a full-time teacher as stated in item 3 of this Section? If so, the borrower must have a bachelor's degree and be professionally recognized by the state as a full-time employee rendering direct and personal Special Education services in carrying out the instructional program of an elementary or secondary school. Yes No
5. Is the applicant licensed, certified, or registered by an appropriate state education agency? Yes No

section f

Cancellation form can be mailed or faxed to: