

**REQUEST FOR PARTIAL
CANCELLATION FOR
SERVICE/EMPLOYMENT**



**NATIONAL DEFENSE/NATIONAL DIRECT/
FEDERAL PERKINS STUDENT LOAN PROGRAM**

FOR CANCELLATION, FILE THIS FORM AT THE COMPLETION OF YOUR YEAR OF EMPLOYMENT. INSTRUCTIONS ON BACK OF FORM - PLEASE PRINT IN INK, OR TYPE.

PART I - GENERAL INFORMATION - SERVICE/EMPLOYMENT INFORMATION (To be completed by the borrower)

<i>NAME OF BORROWER</i>		<i>SOCIAL SECURITY NUMBER</i>	
<i>STREET (BILLING ADDRESS)</i>		<i>RETURN COMPLETED FORM TO:</i> Arkansas State University ATTN: Loan Department PO Box 1680 State University, AR 72467 (870) 972-2285	
<i>CITY, STATE, ZIP</i>			
<i>PHONE NUMBER</i> <input type="checkbox"/> <i>Check if new address</i> <i>Area Code ()</i>			
This form must be filed in lieu of payment if you are providing a service or employed as detailed below and wish to claim entitlement of such loan at the end of a complete year. CHECK APPROPRIATE BOX TO INDICATE TYPE OF SERVICE/EMPLOYMENT - REFER TO REVERSE SIDE OF FORM FOR FURTHER ELIGIBILITY CRITERIA			
<input type="checkbox"/> Military - All disbursements to date.		<input type="checkbox"/> Nurse - Disbursements on and after 7/23/92 to date.	
<input type="checkbox"/> Peace Corps/VISTA - First time borrowers with disbursements on and after 7/1/87 to date.		State Board Date _____	
<input type="checkbox"/> Law Enforcement/Correctional Officers - Disbursements on and after 11/29/90 to date. Attach official job description		RN or LPN License # _____	
<input type="checkbox"/> Qualified Professional Provider of Early Intervention Service - Disbursements on and after 7/23/92 to date. Attach official job description.		<input type="checkbox"/> Medical Technician providing health care - Disbursements on and after 7/23/92 to date. Attach official job description.	
<input type="checkbox"/> Employee of Child or Family Service Agency - Disbursements on and after 7/23/92 to date. Attach official job description.		State Board Date _____	
		License # _____	
I hereby apply for a partial cancellation of my NDSL/Federal Perkins Loan in the appropriate amount of principal and interest for one complete year of service/employment as described above.			
<i>YEAR STARTING</i>	<i>YEAR ENDING</i>	<i>SIGNATURE OF BORROWER</i>	<i>DATE</i>
(MONTH-DAY-YEAR)	(MONTH-DAY-YEAR)		

PART II - CERTIFICATION OF SERVICE/EMPLOYMENT (To be completed by employer or appropriate official)

I certify that he/she is employed or serving as stated above, and his/her duties meet the criteria as described on the reverse side.		
<i>NAME OF APPLICANT</i>	<i>SIGNATURE OF AUTHORIZED OFFICIAL</i>	<i>OFFICIAL SEAL OR STAMP OF SERVICE/EMPLOYING AGENCY (if none, a letter of certification on agency letterhead is required)</i>
<i>POSITION/TITLE OF APPLICANT</i>	<i>TITLE</i>	
<i>NAME AND ADDRESS OF EMPLOYING AGENCY</i>	<i>DATE</i> <i>PHONE NUMBER</i> <i>Area Code ()</i>	

PART III - OFFICE USE ONLY

<input type="checkbox"/> NATIONAL DEFENSE LOAN		<input type="checkbox"/> NATIONAL DIRECT/FEDERAL PERKINS LOAN		Approved at _____ % Rate	
<i>Fund</i>	<i>Date</i>	<i>Principal Canceled</i>	<i>Code</i>	<i>Interest Canceled</i>	<i>Principal Balance After This Transaction</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
FORM PROCESSED BY:			DATE:		

<i>SIGNATURE OF APPROVING OFFICIAL</i>	<i>TITLE</i>	<i>DATE</i>
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(OVER)

**SERVICE/EMPLOYMENT FOR CANCELLATION
INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS**

Instructions:

1. Fully complete Part I (form will be returned if missing any information).
2. Sign and date form.
3. Have form certified in Part II. If an official seal or stamp is not available, verification of your service/employment must be submitted on letterhead stationery.
4. Include an official job description.
5. If you changed employment agencies during your postponement/deferment period, there may be NO breaks in employment. Complete a cancellation form for all applicable positions for each employer.

- ◆ **Military**

To qualify, you must have served active duty for twelve consecutive months in U.S. Army, Navy, Air Force, Marine Corps or Coast Guard. In addition, borrowers with loans made after 6/30/72 must have been receiving combat pay and must have served in an area of hostility.
- ◆ **Peace Corps/VISTA**

To qualify, you must have served full time for one complete year with Peace Corps or Domestic Volunteer Service Act of 1973 (Vista or Action)
- ◆ **Law Enforcement**

To qualify, you must have been employed full time in a local, state, or federal agency whose activities pertain to crime prevention. Primary responsibility is crime prevention, control, reduction or enforcement of criminal law. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative, or support are not eligible.
- ◆ **Qualified Professional Provider of Early Intervention Service**

To qualify, you must have been employed full time as a provider in a public or other non-profit program under public supervision. The agency must be in compliance with Section 676 (b) (a) of the Individual with Disabilities Education Act. Your duties must comply with Section 672 (2) of the same act.
- ◆ **Employee of Child or Family Service Agency**

To qualify, you must have been employed full time in a public or private non-profit child or family service agency. You must provide or supervise the provision of services to high-risk children and their families. High risk children are under the age of 21, are at risk of or have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placement outside the home, or are involved in the juvenile justice system.
- ◆ **Nurse**

To qualify, you must have been employed full time as a licensed practical nurse, a registered nurse, or other individual who is licensed by appropriate state agency to provide nursing services.
- ◆ **Medical Technician**

To qualify, you must have been employed full time as an allied health professional, working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service.

	Cancellation Rates
Military	12.5% per year for 4 years maximum. Maximum cancellation of 50% of original loan
Peace Corps/VISTA	15% for 1st and 2nd year
	20% for 3rd and 4th year
	Maximum cancellation of 70% of original loan
All Others	15% for 1st and 2nd year
	20% for 3rd and 4th year
	30% for 5th year
	Maximum cancellation of 100% of original loan

