

PERKINS (NDSL) STUDENT LOAN EMPLOYMENT REQUEST



PART I – TO BE COMPLETED BY THE BORROWER (Complete in ink)

Name			Home Phone	
		()		
Address			Work Phone	Ext.
		()		
City	State	Zip Code	Social Security Number	

A. Cancellation or Deferment * Check level of service

<input type="checkbox"/> Nurse	<input type="checkbox"/> Public or private non-profit child or Family Service Agency
<input type="checkbox"/> Medical Technician	<input type="checkbox"/> Professional provider of early intervention services

* Check Employment Status ☐ Full Time ☐ Part Time

Legal Name of Organization _____ Phone Number () _____

Address _____ City _____ State _____ Zip Code _____

B. Benefit Period (Borrower must enter)

Cancellation: from ____/____/____ to ____/____/____ Deferment: from ____/____/____ to ____/____/____
(Completed year of service) (Current or future year of service)

Job Title _____ Job Description – **You must attach an official job description (Required for all new requests and/or changes in employment.) If you are a nurse/medical technician you must also include a copy of your professional license or certification.**

C. Declaration (Borrower's Signature)

I declare that the information shown above is true and accurate. I further declare, that I will notify the University of Northern Colorado immediately upon change in my status. I further understand that if for any reason I am unable to complete the year of service for which I have requested deferment benefits, I will contact the university immediately.

Signature of Borrower Required _____ Date _____

PART II – TO BE COMPLETED BY EMPLOYER

D. Certification of Employment Benefit Period

Name of Organization _____

Address _____ County _____ Phone Number () _____

☐ I certify that this is a public or non-profit organization

(Official at the organization must certify benefit period(s) on the line below, to verify the accuracy of information and the dates for which benefits(s) are requested. Official is verifying all of the above information. This form must be completed and signed before it can be processed.)

OFFICIAL SEAL OR STAMP *

***If official seal or stamp is not available, employer must attach a statement on official letterhead verifying the above information.**

I certify the dates listed under the benefit period above are correct. I also certify the borrower maintained
FULL TIME _____ PART TIME _____ status during the benefit period. (Status is based on hours, not benefits)

Signature and Title of Authorized Official _____ Date _____

PART III – FOR OFFICE USE ONLY _____ Approved _____ Disapproved _____

Principal Canceled \$ _____ Interest Canceled \$ _____ New Balance \$ _____

Signature _____ Date _____ NOTES: _____

PARTIAL CANCELLATION BENEFITS (NDSL) INFORMATION

By performing certain services which are explained below, you may be eligible for partial cancellation on your Perkins Loan.

At the time you enter such service or upon entering repayment (whichever comes first), you must submit a properly completed deferral form. Upon completion of each full year of service, a cancellation form will need to be completed and returned to our office by the appropriate due date.

I. FULL-TIME Employment as a Nurse or Medical Technician

To qualify for cancellation benefits in this category, you must be employed as a full-time nurse or medical technician providing health care services for a complete year.

15% of your total loan amount will be cancelled for each of the first and second years of full-time employment.

20% of your total loan amount will be cancelled for each of the third and fourth years of full-time employment.

30% of your total loan amount will be cancelled for the fifth year of full-time employment.

II. FULL-TIME Employment in a Public or Private Non-Profit Child or Family Service Agency

To qualify for cancellation benefits in this category, you must be a full-time employee of an eligible public or private nonprofit child or family service agency who is providing or supervising the provision of services to high-risk children who are from low-income communities and the families of such children for a complete year. High-risk children are 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.

15% of your total loan amount will be cancelled for each of the first and second years of full-time employment.

20% of your total loan amount will be cancelled for each of the third and fourth years of full-time employment.

30% of your total loan amount will be cancelled for the fifth year of full-time employment.

III. FULL-TIME Employment as a Qualified Professional Provider of Early Intervention Services

To qualify for cancellation benefits in this category, you must be employed full-time as a qualified professional 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. Early Intervention Services provided to infants and toddlers (birth to age 2) with disabilities.

15% of your total loan amount will be cancelled for each of the first and second years of full-time employment.

20% of your total loan amount will be cancelled for each of the third and fourth years of full-time employment.

30% of your total loan amount will be cancelled for the fifth year of full-time employment.

Please complete information on reverse side and return to:

University of Northern Colorado
Carter Hall, Loans Receivable Office #1002
Greeley, CO 80639

PLEASE READ AND COMPLETE PART I AND HAVE YOUR EMPLOYER COMPLETE PART II. INCOMPLETE FORMS WILL DELAY PROCESSING OF YOUR DEFERRAL/CANCELLATION.