

UW-Eau Claire
Eau Claire WI 54702-5050
(715) 836-4817

FEDERAL PERKINS/NATIONAL DIRECT STUDENT LOAN PROGRAM

PART 1 -- GENERAL INFORMATION (To be completed by borrower)

Borrower is responsible to advise UWEC of current address!					
Name of Borrower:				SOCIAL SECURITY NUMBER: - -	
Street Address:				DESCRIPTION OF DUTIES: TEACHERS OF THE HANDICAPPED, COMPLETE THE FOLLOWING:	
City, State, Zip				AGES OF STUDENTS:	
Phone number: Area Code ()				% OF HANDICAPPED STUDENTS:	
EXACT NAME OF SCHOOL WHERE EMPLOYED				% OF TEACHING TIME SPENT WITH HANDICAPPED:	
POSITION/JOB TITLE:				I certify that the majority of my students are handicapped children as specified below:	
CITY		STATE		_____ Mentally disabled _____ seriously emotionally disturbed	
SCHOOL DISTRICT & COUNTY				_____ hard of hearing or deaf _____ orthopedically impaired _____ speech impaired _____ other health impairment	
CHECK APPROPRIATE BOXES:				_____ visually handicapped _____(other) _____ _____ specific learning disabled _____	
TYPE	ELEMENTARY SCHOOL	SECONDARY SCHOOL	INSTITUTE HIGHER ED	HEAD START	
Public					
Nonprofit					
<p>I hereby apply for deferment of my student loan payments. I waive any unexpected portion of my original grace period. I DECLARE that I am presently employed as a full-time teacher in a public or non-profit elementary or secondary school or in the institution of higher education shown above. I further declare that I am presently under contract and expect to continue teaching through the academic year or equivalent as stated below, for which service I expect to secure cancellation of the appropriate amount computed according to the Federal Regulations. I, therefore, am requesting a Deferment of payment of this amount. <u>I further understand and agree that if for any reason, whether through my own doing or because of events beyond my control, I do not complete a full year, or equivalent, of teaching service, I will immediately begin payment of my loan principal and interest, including any payments for which deferment was conditionally granted based on my teacher status. I will also notify UWEC if I do not complete the academic year.</u></p>					
ACADEMIC YEAR STARTING		ACADEMIC YEAR ENDING		SIGNATURE OF BORROWER	DATE
(MONTH-DAY-YEAR)		(MONTH-DAY-YEAR)			

I CERTIFY THAT THE BORROWER'S DECLARATION AS TO HIS/HER EMPLOYMENT AS A FULL-TIME TEACHER, THE EXPECTED COMPLETION OF HIS/HER SERVICE, AND THE DESCRIPTION OF HIS DUTIES IS TRUE AND CORRECT. IF THE BORROWER IS A HEAD START STAFF MEMBER, I CERTIFY THAT HIS/HER COMPENSATION DOES NOT EXCEED THAT OF A COMPARABLE EMPLOYEE IN THE LOCAL SCHOOL SYSTEM.

SCHOOL DISTRICT & COUNTY	SIGNATURE OF AUTHORIZED OFFICIAL		OFFICIAL SEAL OR STAMP OF SCHOOL (IF NONE, SEE INSTRUCTIONS ON BACK OF FORM).**
ADDRESS (CITY, STATE, ZIP CODE)	TITLE		
	DATE	TELEPHONE	

DOES THE INSTITUTION PROVIDE STATE APPROVED ELEMENTARY OR SECONDARY EDUCATION ____ YES ____ NO

Upon approval of this form, you will be sent a new cancellation form to file at the end of the academic year.

FEDERAL PERKINS STUDENT LOAN PROGRAMS
REQUEST FOR DEFERMENT OF REPAYMENT

You may receive a Deferment of loan repayment for up to a twelve-month period if you will be eligible for cancellation benefits due to teaching full-time for a complete or two complete successive half-years. You should file this form at the beginning of each year of service, but not before classes begin. It is your responsibility to submit forms properly; failure to do so will result in payments being due.

Upon receipt of this Deferment form, we will make a preliminary determination of your eligibility for cancellation. If it appears that you will **not** qualify for cancellation, we will deny your request for Deferment. You will be required to make payments according to your repayment schedule.

If it appears that you will be eligible for cancellation, we will approve your Deferment and suspend the need for payments until the end of the specified period. A cancellation form will need to be completed at the end of that period.

FEDERAL PERKINS STUDENT LOAN PROGRAMS
REQUEST FOR TEACHER CANCELLATION/DEFERMENT

1. Accelerated cancellation at the rate of 15% of the loan for the 1st and 2nd years, 20% for the 3rd and 4th years, 30% for the 5th year, for:

a. teaching in a school that is eligible for cancellation as determined by the Commissioner of Education and which is listed in the Federal Register for that year. (or)

b. teaching handicapped children in a public or other non-profit elementary or secondary school system.

2. 15% cancellation per year for employment as a full-time, salaried, educational staff member in the Federal Head Start program.

Handicapped children means: "Mentally disabled, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services."

3. full-time special education teachers of infants or toddlers with disabilities, in a public or other non-profit elementary or secondary school system;

4. full-time teachers of mathematics, science, foreign languages, bilingual education, and other shortage fields determined by the state's education agency.

INSTRUCTIONS

1. Complete Part 1. (FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.)

2. Sign and date form.

3. Have form certified in Part II. If the required seal or stamp is not available, include verification of your full-time teacher status and the dates of employment on official letterhead stationery. Forms without a seal, stamp, or letter are not valid and will not be accepted.

4. Return forms to:

Chris Bell
P. O. Box 5050
UW-Eau Claire
Eau Claire WI 54702-5050