

UNI PERKINS LOAN APPLICATION FOR POSTPONEMENT/CANCELLATION

NAME	ACCOUNT NUMBER (UNI ID NUMBER) or SSN
STREET ADDRESS	
CITY, STATE, ZIP	
E-MAIL ADDRESS	
HOME PHONE:	DAY PHONE:
CELL:	

IF YOU ARE EMPLOYED FULL TIME IN ANY OF THE FOLLOWING, YOU SHOULD COMPLETE THIS FORM !

INSTRUCTIONS: **Borrower must complete** name, address, account # area at top, mark the kind of cancellation, enter dates of employment, sign and date. Dates for your 1st postponement = 1st day of full time work + 12 months. Cancellation is done after a completed year of employment. You must file a new form every year at the end of your year of employment to be eligible for the cancellation.

INCLUDE WITH YOUR FORM: An official job description and a copy of your current license, registration, or certification if you are licensed, certified, or registered as part of your employment. **Employer must complete Part 2.** More info at www.vpaf.edu/obo.

<input type="checkbox"/>	Teachers: In a low-income school. More than 30% of your population is eligible for free/reduced lunch. Employed by an educational service agency (ESA) in a low-income area or a low-income school run by an ESA. Teachers of math, science, foreign languages, in a bilingual room, or any other state approved shortage area. Teachers of special education to children 0-21. Speech pathologists, audiologists, physical therapists, occupational therapists, psychologists, psychiatrists, counselors, and recreational therapists fall under the special education teacher umbrella.
<input type="checkbox"/>	Head Start: Employees in the educational component of a Head Start program.
<input type="checkbox"/>	Pre-K/Day Care: Staff members in a prekindergarten or child care program licensed or regulated by the state.
<input type="checkbox"/>	Child/Fam Service Employees of a public or private non-profit child and family service agency. 100% of population served must be high risk as defined by the Dept of Education and be 21 or under, or their families.
<input type="checkbox"/>	Nurses: Provider of health care services. Must provide health care services directly to patients.
<input type="checkbox"/>	Medical Techs: Licensed, registered, or certified in your field. Med Techs facilitate the work of physicians or other health care professionals. For a list of examples see http://www.ama-assn.org/ama/pub/education-careers/careers-health-care.shtml .
<input type="checkbox"/>	Law Enforcement: Sworn law enforcement officer of a local, state, or federal law enforcement agency. Duties must pertain to crime prevention control, reduction, or enforcement of criminal law. Attorneys employed in Federal Public Defender Organizations or Community Defender Organizations. Prosecuting attorneys whose primary responsibilities are to prosecute criminal cases on behalf of public law enforcement.
<input type="checkbox"/>	Fire Fighters: Fire fighters employed by a local, state, or federal fire department or fire district.
<input type="checkbox"/>	Faculty Members: Limited to faculty members at a Tribal College or University.
<input type="checkbox"/>	Librarians: Librarians with a master's degree in library science, employed in an elementary or secondary school that qualifies for Title 1 funding. Or in a public library that services a geographic area that includes one or more Title 1 schools.
<input type="checkbox"/>	Speech Pathology: Speech-language pathologists with a master's degree who are working exclusively with Title 1 eligible schools.
<input type="checkbox"/>	Military: Member of the armed forces (including National Guard or Reserves serving full time) in an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 or Title 37 or US Code.

TEACHERS: Full exact name of school(s) _____ Grade(s) _____ Subject(s) _____
School DISTRICT NAME _____ COUNTY NAME _____
SPEC ED TEACHERS: Total # of students I teach _____ # of spec needs students _____ Ages of students _____

CANCELLATION: (dates of the year just ending)	POSTPONEMENT/DEFERMENT (dates of upcoming year)
FROM: _____ TO: _____	FROM: _____ TO: _____

SIGNATURE OF BORROWER:	DATE:
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PART 2: EMPLOYER'S CERTIFICATION	BORROWER'S JOB TITLE:
I certify that the borrower is EMPLOYED FULL TIME for the dates stated, and the description of duties is true and correct.	
Borrower's FULL-TIME employment started _____. Expected to continue for next 12 months? YES _____ NO _____	
Signature of authorizing official: _____	
Printed name and title of official: _____	
Name of employing agency/school: _____	OFFICIAL SEAL OR STAMP from your employer, NOT a notary REQUIRED: if no seal or stamp, send verifying letter on letterhead.
Address of employing agency/school: _____	
Phone: _____ Date: _____	

UNI OFFICE USE ONLY:					
POSTPONEMENT:			CANCELLATION:		
listed: _____	from: _____	to: _____	from: _____	to: _____	yr: _____
year: _____	type: _____	code: _____	type: _____	code: _____	percent: _____
			principal cancelled: _____		
			new balance: _____		