

FEDERAL PERKINS STUDENT LOAN CANCELLATION OR DEFERMENT BENEFITS

BENEFITS AND TIMELINES. If you meet eligibility requirements, you may **defer payments** on your Federal Perkins Loan while you complete a year of teaching/service/employment. If you do not qualify for cancellation, your deferment request will be denied and you will be required to make payments by the due date on your billing statements.

You must file for Federal Perkins Loan benefits twice during each service/employment year. All forms must cover a complete year; you do not qualify for partial years of service/employment. **NO BREAKS** are permitted between employment periods.

To make a deferment request, complete and submit this form at the beginning of your first year of eligible service or employment (see listing below). When your completed form is received, your eligibility for deferment and/or cancellation will be reviewed by the University. If you are eligible, billing for payments due during your year of service/employment will be suspended.

At the end of your teaching/service/employment year, submit a second form and any required documentation to receive partial cancellation of your loan. Depending on your contract and your employer's ability to certify the form, you may choose to submit a single form to cover both the benefit year that has passed (cancellation) and the upcoming year of service/employment (deferment). (Forms are available for download at <http://policy.umn.edu/forms/fa/fa925.pdf>).

All forms must cover a complete year; partial years do not qualify for cancellation. Please be sure to update your address if any change occurs during the year.

ELIGIBLE SERVICE/EMPLOYMENT/REQUIRED DOCUMENTATION. To qualify for **cancellation benefits**, you must serve in an eligible capacity as listed below for a full year (or if teaching, for a complete academic year or two consecutive semesters).

- Teach in a public/nonprofit elementary/secondary school that has a high concentration of students from low-income families.
- Teach in an elementary or secondary school operated by the Bureau of Indian Affairs or operated on an Indian reservation by an Indian tribal group under contract with the Bureau; or serve as a full-time faculty member at a tribally controlled university.
- Teach a majority of special education (disabled) children, ages 0–21. Children with disabilities include mental retardation; hard of hearing; deaf; blind; speech impaired; or other health-impaired children, or children with specific learning disabilities who, due to their disability, require special education and related services. Teaching must occur in a public or other non-profit elementary or secondary school system. Provide a job description detailing the ages of your students, the percentage of your students who are handicapped, and the percentage of your teaching time spent with handicapped students.
- Teach mathematics, science, foreign language, bilingual education, or any field of expertise with a shortage of qualified teachers, as determined by the Minnesota Department of Education.
- Serve as a full-time, educational staff member in a Head Start Program; or a full-time staff member in a pre-kindergarten or child care program that is licensed or regulated by the state.
- Serve as a librarian with a master's degree in library science, employed in a school served under Title 1 of the Elementary and Secondary Education Act (ESEA) or a public library serving a Title 1 school.
- Serve as a full-time speech language pathologist with a master's degree working exclusively in Title 1 schools.
- Provide early intervention services to children. You must be employed by a public/nonprofit program under public supervision. The employing agency must be in compliance with Section 676(b)(9) of the Individuals with Disabilities Education Act. Your duties must comply with Section 672(2) of the same Act. Provide a job description detailing your duties, the ages of children served, and the types of services provided.
- Provide or supervise service providers to high-risk children and their families from low-income communities. You must be employed by a public/nonprofit child/family service agency. High-risk children are those under the age of 21 who are at risk of, or have been, abused, or neglected; have serious emotional, mental, or behavioral disturbances; reside in placements outside the home; or are involved in the juvenile justice system. Provide a job description.
- Serve on active duty in the U.S. military in an area of hostility.
- Provide health care services as a nurse or medical technician. To qualify as a nurse, you must be a licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services. To qualify as a medical technician, you must be certified, registered, or licensed by the governing state agency in the state where you are providing service. You must be employed as an allied health professional working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or compliment the work of physicians or other specialists in the health care system.
- Volunteer in the Peace Corps or ACTION.
- Serve as a full-time public defender.
- Serve as a full-time firefighter.
- Be employed as a law enforcement or corrections officer. You must be employed in a local, state, or federal agency that prevents crime. Your principal duties must support crime prevention, control, or reduction, or the enforcement of criminal law. Activities may include police efforts; criminal court jurisdiction; and corrections, probation or parole authorities. However, agencies and/or positions with responsibilities that are primarily civil, regulatory, administrative, or supportive are not eligible.

FEDERAL PERKINS LOAN DEFERMENT/CANCELLATION REQUEST

DIRECTIONS (Incomplete forms will be returned to you unprocessed)

Complete sections 1-3, if appropriate, indicating your request for detertment, cancellation, or both. Sign and date the form (REQUIRED) in section 4. Have your employment/service dates and your job duties certified by an official of the appropriate organization. Your employer must complete and sign section 4. If an official seal or stamp is not available, your employer/organization must submit verification of your service/employment on their official letterhead stationary. If you changed employers during the year, you must submit a cancellation request from each employer.

RETURN FORM TO:

**Student Account Assistance
Office of Student Finance**
University of Minnesota, Twin Cities
211 Science Teaching & Student Services
222 Pleasant St. SE
Minneapolis, MN 55455-0239
Phone: (612) 625-8007
Fax: (612) 624-2873

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION 1. Student background

Name (last, first, middle initial)		SSN (last four digits)	Email
Work phone (include area code)	Home phone (include area code)	Cell phone (include area code)	
Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)		<input type="checkbox"/> Check here if address is new	
Account number(s)			

SECTION 2. Service or employment

Check the type of service or employment

<input type="checkbox"/> Teaching—disabled	<input type="checkbox"/> Military Service	<input type="checkbox"/> Nurse/medical technician
<input type="checkbox"/> Teaching—low income	<input type="checkbox"/> Bureau of Indian Affairs	(Occupational, Physical, Recreational Therapist, Dental Hygienist, Dieticians, etc)
<input type="checkbox"/> Teaching—math/science/bilingual education/other shortage	<input type="checkbox"/> Peace Corps/Vista	<input type="checkbox"/> Law enforcement
<input type="checkbox"/> Head Start program	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Child/family services
<input type="checkbox"/> Librarian	<input type="checkbox"/> Public Defender	<input type="checkbox"/> Speech Pathologist
		<input type="checkbox"/> Firefighter

Name of SPECIFIC SCHOOL/employing agency/hospital		County (if teaching)	School district (if teaching)
City	State	ZIP code	License number (nurse/medical technician)
Job title			Date of State Boards (nusre/medical technician)
If teaching, which K-12 grade level(s)?		If teaching, which subject(s)?	

THE FOLLOWING JOBS REQUIRE AN OFFICIAL JOB DESCRIPTION: Special Education Teachers, Teachers in Shortage Areas, Early Intervention Services, Law Enforcement, Child/Family Services, Nurse and Medical Technicians. Please attach and return with completed form.

SECTION 3. Teachers of students with disabilities

Academic year	Total number of students with disabilities you teach	Chronological age range
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Indicate the NUMBER of students you teach in each category (use ONE category for a child with multiple disabilities)

<input type="text"/> Blind or visually impaired	<input type="text"/> Health impaired (specify)	<input type="text"/> <input type="checkbox"/> Learning disability (as defined by PL 94-142)
<input type="text"/> Deaf	<input type="text"/> Mentally retarded	Specify disability: _____
<input type="text"/> Emotionally disturbed (acute)	<input type="text"/> Speech impaired	<input type="text"/> <input type="checkbox"/> Other (specify disability)
<input type="text"/> Hard of hearing	<input type="text"/> Orthopedic disability	

Please continue with SECTION 3 on page 2



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



SECTION 3. Teachers of students with disabilities (continued from page 1)

JOB CONTENT

Official job title

1. Are you professionally employed in classroom instruction or curricular-supportive activities? yes no
 If your job is (or in part) supports the curriculum, state those duties in your job description and indicate the percent (%) of time you spend on these duties.

2. Are you engaged PRIMARILY in providing direct and personal services to students? yes no
 If some duties are not, please list them:

3. Are you licensed by the state in which you are employed? yes no In what field? _____

4. If you are teaching children below six years old, is your program (e. g., kindergarten/pre-kindergarten) certified by your state as part of that state's elementary education program? yes no

5. If your institution/employer is not part of a public or non-profit elementary or secondary school system, please answer these questions:

A. Is your institution eligible to contract with school districts to provide elementary or secondary (as defined by state law) education for children with disabilities? yes no

B. Do you hold a valid certificate with a special education endorsement for purposes of teaching children with disabilities? yes no

SECTION 4. Declaration and certification

With my signature I certify that all of the information provided on this form is accurate and true on the date it was signed, under penalty of the law.

Borrower signature

Date

I request deferment of payments of principal and interest while I complete the period of eligible service/employment required. (The dates you list below may extend into the future.) I declare that I will notify my lending institution upon a change in my status. I understand that if, for any reason, I do not complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately. **Employment/Service/Enlistment Dates** (for teachers, dates must cover one academic year or two consecutive semesters. For all others, dates must cover one complete calendar year. Please include a copy of your contract for the upcoming year. You must be employed full time.)

Begin date (mm/dd/yyyy)

End date (mm/dd/yyyy)

I hereby apply for a partial cancellation of my loan in the appropriate amounts of principal and interest for service or employment as described above. (May be requested only after one full year completion of service/employment.) **Employment/Service/Enlistment Dates** (for teachers, dates must cover one academic year or two consecutive semesters. For all others, dates must cover one complete calendar year.)

Begin date (mm/dd/yyyy)

End date (mm/dd/yyyy)

Name of school, employer, service unit

Phone (with area code)

If shortage teacher, specify subject:

Address (street, P.O. Box, or suite number, city, state ZIP)

Imprint official seal or stamp here

I certify that the borrower is employed full-time and that the information provided by the borrower regarding his/her service/employment is true and correct.

Date

Employer's official signature

Title

IF NO OFFICIAL STAMP OR SEAL IS AVAILABLE, send a letter on official letterhead that confirms the borrower's service employment, or enlistment (include start date and full-time status).