

**REQUEST FOR CANCELLATION FOR TEACHING – FEDERAL PERKINS LOAN
UNIVERSITY OF CENTRAL MISSOURI**

(PLEASE COMPLETE IN INK)

UCM ID NUMBER:	EMAIL:
NAME:	Return form to: UCM – Perkins PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Phone: 660-543-4661 Fax: 660-543-8007
ADDRESS:	
CITY: STATE: ZIP:	
WORK PHONE: CELL:	

COMPLETION OF THIS FORM DOES NOT GUARANTEE ELIGIBILITY. FOR MORE INFORMATION ON ELIGIBILITY REQUIREMENTS, PLEASE VISIT:
ucmo.edu/sfs/explore/repayingperkins.cfm

Full-time Teacher Please check one: <input type="checkbox"/> Elementary/Secondary low-income school determined by the Federal Gov't <input type="checkbox"/> Special Education for Infants/Toddlers/Youth with Disabilities (Classroom must be 100% Special Education) <input type="checkbox"/> Mathematics, Science, Foreign Language, Bilingual Education or state designated shortage area. Subject taught: _____ <input type="checkbox"/> *Head Start/Pre-kindergarten/Childcare (Job description may be required)	Name of SCHOOL _____ DISTRICT _____
	City _____ State _____ Zip _____

DECLARATION:

___ I have **COMPLETED** a **FULL ACADEMIC YEAR** as a **full-time** teacher. I request **PARTIAL CANCELLATION** of my Perkins Loan based on this employment. My year **BEGAN** ___/___/___ **AND ENDED** ___/___/___.

___ **YES, I will continue to work in the same position next year, OR**
 ___ **NO, I have changed employers. I am sending a deferment form for my new employment.**

You must read and agree:

- ___ I understand my eligibility for this benefit will not be reviewed until all applicable late fees have been paid. Payment of late fees does not guarantee approval for benefit.
- ___ 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 following my 6-month grace period.
- ___ I understand my updated status will be available at: <https://clmweb.ucmo.edu/bwa>

****REQUIRED**** Signature of Borrower _____ Date Signed: _____

BORROWER – YOU MUST SUBMIT THIS FORM TO YOUR EMPLOYER FOR COMPLETION OF THE SECTION BELOW.

Employer Certification of Employment: Date of Hire: ___/___/___ Currently Employed: ___ Yes ___ No If no, last date of employment: ___/___/___ Status: ___ Full Time ___ Part Time ___ Hours per week If borrower is a shortage area teacher, please specify subject: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ I certify borrower is employed full-time. I further certify that the information provided above by the borrower regarding his/her employment is true and correct. _____ Signature Date _____ Printed Name Title	This space is provided for the organization's official seal or stamp. **If one is not available, provide a letter of certification confirming the borrower's service, employment, or enlistment on official letterhead and include the employee's start date and full time status.
	Official Use Only: Deferment: ___ Approved ___ Denied Cancellation: ___ Approved ___ Denied Date _____ By _____

