

# Nurse, Medical Technician, or Family Service Agent Request for Postponement/Cancellation

## Federal Perkins Loan Program

Appalachian State University, Student Accounts/Perkins Loan Division

ASU Box 32005, Boone, NC 28608 (828) 262-3097

School Code: 002906

The regulations governing cancellation benefits stipulate that cancellation benefits can be granted only after a complete years service has been performed. A postponement form must be completed at the beginning of the year and a cancellation form must be completed at the end of the year.

Social Security Number	School Which Granted Loan
Name	Phone Number
Address	City, State, Zip Code
I claim exemption from payment on my Federal Perkins Loan during the loan period indicated below. I agree to notify the lending institution upon termination of this status.	
Borrower's Signature	Date

**General Information:**

Recipients of Federal Perkins Loans are allowed cancellation of up to 100% of the original amount advanced for certain services performed:

- 1) Nurse providing health care services,
- 2) Medical technician providing health care services,
- 3) Employee of a public or private non-profit 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 their families.

Cancellation rates are for COMPLETE 12-month periods only:

- |             |                  |   |                         |
|-------------|------------------|---|-------------------------|
| 1st and 2nd | 12-month periods | = | 15% of original balance |
| 3rd and 4th | 12-month periods | = | 20% of original balance |
| 5th         | 12-month period  | = | 30% of original balance |

<p><b>Postponement Request:</b> (for an approaching or current 12-month period)                  Dates of employment will begin, or began, for this postponement request: _____/_____/_____</p>
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<p><b>Cancellation Request:</b> (for a 12-month period already completed)                  Dates of employment for this cancellation request:                  From: _____/_____/_____ To: _____/_____/_____</p>
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**Employment Requirements Verification**

Place of Employment: \_\_\_\_\_

Job description (attach additional sheets if needed): \_\_\_\_\_

<p><b>Borrower's Declaration:</b> In requesting postponement of payment or partial cancellation of my Federal Perkins Loan, I declare that I am performing full-time services as a(n):</p> <p>_____ NURSE providing health care services.</p> <p>_____ MEDICAL TECHNICIAN providing health care services.</p> <p>_____ Employee of a PUBLIC or PRIVATE NON-PROFIT 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 their families.</p> <p>I understand that if, for any reason, I do not complete a full 12-month period of service or if my service changes in any way, I must immediately notify the Loans Division of the Student Accounts Office. Further, I understand that if the change in my service does not meet the requirements for cancellation as described under "Borrower's Declaration," I must make immediate payment of any amounts which have accrued on my loan.</p>		
<p>_____ Signature of Borrower</p>	<p>_____ Date</p>	
<p>Employer's Affidavit: I affirm that the borrower's job description and borrower's declaration of employment as stated above are true and accurate.</p>		
<p>_____ Signature of Employer</p>	<p>_____ Telephone #</p>	<p>_____ Date</p>

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Postponement:

Approved: \_\_\_\_\_ Postponement End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Cancellations Officer

\_\_\_\_\_  
Date

Cancellation:

Approved: \_\_\_\_\_ Period of: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Cancellation Code: \_\_\_\_\_

Rejected: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Cancellations Officer

\_\_\_\_\_  
Date