

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____
 UVID: _____ OR _____ LAST 4 OF SSN: _____
 ADDRESS: _____ PHONE NUMBER: _____
 CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____
* You will be contacted at this email address if form is incomplete.

****THIS WORKSHEET MUST BE RETURNED WITH OTHER REQUIRED DOCUMENTS****

INSTRUCTIONS

Cancellation applies to individuals who perform certain types of public service or are employed in certain occupations. For each year of **FULL-TIME** service, a percentage of the loan may be canceled. You may be eligible if you served as one of the following:

- Qualifying Teaching & Librarian Services (Complete Section 1)
- Head Start Staff-Member; Pre-K or Child Care Program Staff (Complete Section 2)
- Provider of Early Intervention Service, Provider in a Child Family Service Agency or Speech Language Pathologist (Complete Section 3)
- Nurse or Medical Technician (Complete Section 4)
- Firefighter (Complete Section 5)
- Law Enforcement, Corrections Officer, Public Defense Lawyer, or Prosecuting Attorney (Complete Section 6)
- Volunteer Service in the Peace Corps or AmeriCorps VISTA (Complete Section 7)
- Military Service in an Area of Hostilities or Area of Imminent Danger (Please Contact Our Office For Details)

Complete the section for which you have performed a qualifying service, **complete Section 8**, attach all supporting documentation required, and have your employer complete Section 9.

SECTION 1 QUALIFYING TEACHING & LIBRARIAN SERVICES (TO BE COMPLETED BY APPLICANT)
AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A teacher in a federally designed low-income school or educational services agency.
Name of school: _____
- A special education teacher of disabled children.
- A teacher in a shortage field. I am teaching as a _____.
- A librarian with a master's degree in library science employed in a low-income school or public library serving low-income schools.
- A faculty member at a tribal college or university.

SECTION 2 HEAD START STAFF-MEMBER; PRE-K OR CHILD CARE PROGRAM STAFF (TO BE COMPLETED BY APPLICANT)
AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A staff-member in the educational part of a preschool program under Head Start.
- A staff-member in a pre-K or childcare program licensed or regulated by the state.

SECTION 3**PROVIDER OF EARLY INTERVENTION SERVICE, PROVIDER IN A CHILD FAMILY SERVICE AGENCY OR SPEECH LANGUAGE PATHOLOGIST (TO BE COMPLETED BY APPLICANT)**

AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A provider of early intervention services to infants & toddlers with disabilities (birth to age two) in a public or non-profit program under public supervision.
- A provider in an eligible public or private non-profit child or family service agency providing or supervising the provision of services directly & exclusively to both **high-risk children** and the families of such children who are from low-income communities. **(Services provided to adults must be secondary to services provided to high-risk children).**
- A speech language pathologist with a master's degree working exclusively for specified low-income schools **(You must provide documentation evidencing your master's degree).**

SECTION 4**NURSE OR MEDICAL TECHNICIAN (TO BE COMPLETED BY APPLICANT)**

AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A nurse or medical technician certified, registered or licensed by the state in the field of _____ providing medical services during the period for which I am requesting benefits. **(MUST PROVIDE COPY OF LICENSE)**

SECTION 5**FIREFIGHTER (TO BE COMPLETED BY APPLICANT)**

AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A firefighter for service to a Federal, State, or local fire department of fire district.

SECTION 6**LAW ENFORCEMENT, CORRECTIONS OFFICER, PUBLIC DEFENSE LAWYER, OR PROSECUTING ATTORNEY (TO BE COMPLETED BY APPLICANT)**

AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was employed full time as:

- A full-time law enforcement officer for a Federal, State, or Local law enforcement agency.
- A full-time law corrections officer for a Federal, State, or Local law corrections agency.
- A full-time lawyer employed by a public defender organization. See attached link to check eligibility. <http://www.fd.org/docs/defender-contacts/federal-public-and-community-defender-directory.pdf?sfvrsn=9>
- A full-time Prosecuting Attorney for a Federal, State, or Local office.

SECTION 7**VOLUNTEER SERVICE IN THE PEACE CORPS OR AMERICORPS VISTA (TO BE COMPLETED BY APPLICANT)**

AN EMPLOYER-CERTIFIED JOB DUTIES DESCRIPTION MUST BE ATTACHED

I declare I am/was:

- A volunteer in the Peace Corps.
- A volunteer in the AmeriCorps (must be a VISTA program) and that I have elected not to receive a national service education award. I have provided documentation that I have declined the National Service education award.

SECTION 8**DECLARATION**

Start date of employment: ___/___/___ **Are you still employed?** Yes No **If no longer employed what is the end date of Employment?** ___/___/___

I declare all information provided in this request to be accurate and true. I will notify UVU immediately of any change in my employment status and begin payment if required.

Signature of Borrower: _____ Date: _____

SECTION 9**EMPLOYER CERTIFICATION (TO BE COMPLETED BY EMPLOYER)**

A TYPED AND SIGNED LETTERHEAD CERTIFICATION BY THE EMPLOYER VERIFYING FULL-TIME, HIRE DATE OF EMPLOYMENT & JOB DESCRIPTION MUST BE ATTACHED. ADDITIONAL INFORMATION MAY BE REQUIRED TO DETERMINE ELIGIBILITY.

Employer/Company Name: _____

Name & Title of Authorized Official: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

I certify that the above Perkins loan borrower has worked **full-time** for the dates shown above.

Signature of Authorized Official: _____ Date: _____

RETURN COMPLETED FORM TO:

Utah Valley University
 Collections Office – MS 109
 800 W. University Parkway
 Orem, UT 84058-6703

P: 801.863.8611
 F: 801.863.6831
 E: collect@uvu.edu

FOR OFFICE USE ONLY:

APPROVED DENIED

DATES: _____ TO _____ OFFICE STAFF: _____