

Request for Postponement/Deferment for Service/Employment

National Defense/National Direct/ Federal Perkins Student Loan Program

FOR POSTPONEMENT/DEFERMENT ONLY – NOT FOR CANCELLATION. FILE THIS FORM AT THE BEGINNING OF YOUR YEAR OF EMPLOYMENT. INSTRUCTIONS ARE ON THE BACK OF THIS FORM. PLEASE PRINT IN INK OR TYPE.

Part One – General Information – Service/Employment Information (To Be Completed by the Borrower)

NAME OF BORROWER	SOCIAL SECURITY NUMBER		
STREET (BILLING ADDRESS)	Return Completed Form To: Arkansas State University Treasurer's Office- Perkins Loan P.O. Box 2640 State University, AR 72467 Phone 870-972-2285 Fax: 870-972-3068		
CITY, STATE, ZIP			
PHONE NUMBER AREA CODE () <input type="checkbox"/> check if new address			
<p>This form must be filled in lieu of payment if you are providing a service or employed as detailed below and wish to claim entitlement of such loan at the end of a complete year.</p> <p>Check appropriate box to indicate type of service/employment – refer to reverse side of form to further eligibility criteria.</p>			
<input type="checkbox"/> Military	<input type="checkbox"/> Nurse	State Board Date _____	
<input type="checkbox"/> Peace Corps	RN or LPN License # _____		
<input type="checkbox"/> Law Enforcement/ Correctional Officer -Attach official job description	<input type="checkbox"/> Medical Technician (Attach Official Job Description)	State Board Date _____	
<input type="checkbox"/> Qualified Professional Provider of Early Intervention Service -Attach official job description	License Number _____		
<input type="checkbox"/> Employee of Child or Family Service Agency -Attach official job description			
I hereby apply for a postponement/deferment of my NDSL/Federal Perkins Loan in the appropriate amount of principal and interest for one complete year of service/employment as described above.			
YEAR STARTING	YEAR ENDING	SIGNATURE OF BORROWER	DATE
(MONTH-DAY-YEAR)	(MONTH-DAY-YEAR)		

Part Two – Certification (To Be Completed by Employer or Appropriate Official)

I hereby certify that he/she anticipates to be employed or serving as stated above, and his/her duties meet the criteria as described on the reverse side.		
NAME OF APPLICANT	SIGNATURE OF AUTHORIZED OFFICIAL	OFFICIAL SEAL OR STAMP OF EMPLOYER (if none, see instructions on back of form)
POSITION/TITLE OF APPLICANT	TITLE	
NAME AND ADDRESS OF EMPLOYING AGENCY	DATE PHONE NUMBER ()	

Part Three – Office Use Only

POSTPONED/DEFERRED		Processed By: _____ Date: _____
Dates: From: _____ To: _____	Funds: _____ Code(s): _____	
SIGNATURE OF APPROVING OFFICIAL		TITLE DATE

Service/Employment for Cancellation Instructions and Eligibility Requirements

Instructions:

1. Fully complete Part One (Form will be returned if missing any information)
2. Sign and Date Form
3. Have form certified in Part Two. If an Official seal or stamp is not available, verification for your service/ employment must be submitted on letterhead stationery.
4. Include an Official Job Description.
5. If you changed employment agencies during your postponement/deferment period, there may be NO breaks in employment.

<input type="checkbox"/> MILITARY	To qualify, you must have served active duty for twelve consecutive months in the US Army, Navy, Air Force, Marine Corps, or Coast Guard. In addition, borrowers with loans made after 6/30/72 must have been receiving combat pay and must have served in an area of hostility.
<input type="checkbox"/> PEACE CORPS/VISTA	To qualify, you must have served full time for one complete year with the Peace Corps or Domestic Volunteer Service Act of 1973 (Vista or Action).
<input type="checkbox"/> LAW ENFORCEMENT	To qualify, you must have been employed full time in a local, state or federal agency whose activities pertain to crime prevention. Primary responsibility is crime prevention, control, reduction or enforcement of criminal law. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative, or support are not eligible.
<input type="checkbox"/> QUALIFIED PROFESSIONAL PROVIDER OF EARLY INTERVENTION SERVICE	To qualify, you must have been employed full time as a provider in a public or other nonprofit program under public supervision. The agency must be in compliance with Section 676 (b) (a) of the Individual with Disabilities Education Act. Your duties must comply with Section 672 (2) of the same Act.
<input type="checkbox"/> EMPLOYEE OF CHILD OR FAMILY SERVICE AGENCY	To qualify, you must have been employed full time in a public or private non-profit child or family service agency. You must provide or supervise the provision of services to high-risk children and their families. High risk children under the age of 21. are at risk of or have been, abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placement outside of home, or are involved in the juvenile justice system.
<input type="checkbox"/> NURSE	To qualify, you must have been employed full time as a licensed practical nurse, a registered nurse, or other individual who is licensed by an appropriate state agency to provide nursing services.
<input type="checkbox"/> MEDICAL TECHNICIAN	To qualify, you must have been employed full time as an allied health professional, working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of the physicians or other specialist in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service.

Cancellation Rates	
Military	12.5% per year for 4 years maximum Maximum cancellation of 50% of original loan
Peace Corps	15% for 1 st and 2 nd year
	20% for 3 rd and 4 th year
	Maximum cancellation of 7-% original load
All Others	15% for 1 st and 2 nd year
	20% for 3 rd and 4 th year
	30% for 5 th year
	Maximum cancelation of 100% of original plan