

Tennessee Tech University

Early Childhood Education Cancellation Form

Please return this form immediately. Incomplete forms will not be accepted.

Borrower Information

| | |
|--|--|
| Name and Address | |
| Email Address | |
| Account Number | |
| Day Phone / Evening Phone / Cell Phone | |

Mail this form to:

Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Section 1: Perkins Cancellation Type

This is to certify that I am requesting cancellation for service in an Early Childhood Education Program.

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time staff member in the educational component of 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. The program must be operated for a period comparable to a full school year and must pay a salary comparable to an employee of a local educational agency.

For each completed year of service in an Early Childhood Education Program, a portion of this loan will be canceled at the rate of 15 percent of the original principal loan amount.

Section 2: Certification Period

Please complete all of the following that apply:

| | | | |
|-----------------------|--|---------------------|--|
| Employment Start Date | | Employment End Date | |
|-----------------------|--|---------------------|--|

Section 3: Borrower Signature

I will also be employed next year.

I declare that the information above is true and correct. I further declare that I will notify Tennessee Tech University immediately upon any change in my status.

| | | | |
|--------------------|--|------|--|
| Borrower Signature | | Date | |
|--------------------|--|------|--|

Section 4: Certification by School, Agency, or Institution

I certify that the information stated above is true and correct.

| | |
|---|--|
| Name of Employer | |
| Employer Address | |
| City / State / ZIP / Phone | |
| Signature of Authorized Official and Date | |

This form must be stamped with the organization's seal or stamp, or letterhead must be sent stating that no seal or stamp is available.

For Institutional Use Only

| % Canceled | Canceled Amount (\$) | Official Name | Date | Official Name | Date |
|------------|----------------------|---------------|------|---------------|------|
|------------|----------------------|---------------|------|---------------|------|