REQUEST FOR CANCELLATION OF PERKINS LOANS

DARTMOUTH COLLEGE
STUDENT FINANCIAL SERVICES
6132 McNutt, Room 103
Hanover NH 03755-3541

Phone: 603-646-3230
Fax: 603-646-3455
Email: student.loans@dartmouth.edu
Website: www.dartmouth.edu/~control/student

NOTE TO BORROWER: Please complete sections as applicable. This form must be received in our office within three months of starting the position. Cancellation requires a borrower to be in the position for a full year or a full academic year for teachers. This form must be completed for each year that you qualify. Another form will be due at the end of each year to verify that you completed the year and can also certify the next year. A job description is required for new position.

Borrower Information: (to be completed by borrower) ☐ Please update address  ☐ Temporary address, do not update

Name ____________________________ Dartmouth ID ____________ Class ______

Address ____________________________ Email ____________________________
Street __________________ City __________________ State __ Zip Code

Phone ( ) ______________________ Date of Birth ____________________________ Date left Dartmouth ____________________________

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Part A: Armed Forces

Yes No
☐ ☐ Full-time active duty
☐ U.S. Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ National Guard ☐ Reserves

Yes No
☐ ☐ In an area of hostilities or an area of imminent danger that qualifies for special pay under Section 310 of Title 37 of the U.S. Code.
(copy of a pay stub reflecting hazardous duty pay is required)

Borrower’s Signature: ____________________________ Date: __________________

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Part B: Early Intervention Services

Yes No
☐ ☐ This program is a public or other non-profit program under public supervision by the lead agency as authorized in section 676(b)(9) of the Individuals with Disabilities Act.

Borrower’s Signature: ____________________________ Date: __________________

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Part C: Firefighter

Yes No
☐ ☐ Are you employed by federal, state, or local firefighting agency?

Yes No
☐ ☐ Your duty is to extinguish destructive fires or provide firefighting related services such as conducting search and rescue, providing hazardous materials (HAZMAT) mitigation, or providing community disaster support and, as a first responder, providing emergency medical services

Borrower’s Signature: ____________________________ Date: __________________

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Part D: Head Start (Head Start is a preschool program carried out under the Head Start Act)

Yes No
☐ ☐ Are you considered a full-time member regularly employed in a full-time professional capacity to carry out the educational part of a Head Start Program?

Borrower’s Signature: ____________________________ Date: __________________
Part E: Law Enforcement

Yes No

- Is this a local, state or Federal law enforcement or corrections agency that is publicly funded, and does its principal activities pertain to crime prevention, control or reduction or the enforcement of the criminal law?
- Is this agency primarily responsible for the enforcement of criminal law?
- Are your official primary responsibilities administrative or supportive, such as those that involve typing, filing, accounting, office procedures, purchasing, stock control, food service, or building, equipment or grounds maintenance?

Borrower’s Signature: ___________________________  Date: ___________________

Part F: Librarian

- A full-time librarian that holds a master's degree and is employed in an elementary or secondary school that is eligible for Title I assistance
- A full-time librarian that holds a master's degree and is employed by a public library that serves a local school district that contains one or more Title I eligible schools

Borrower’s Signature: ___________________________  Date: ___________________

Part G: Nurse or Medical Technician

- A full-time Nurse: A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services. (Copy of license if applicable along with a job description)

Borrower’s Signature: ___________________________  Date: ___________________

Part H: Medical Technician

- A full-time Medical Technician: An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered, or licensed by the appropriate state agency in the state in which s/he provides health care services and assists, facilitates, or complements the work of physicians and other specialists in the health care system. (Copy of license if applicable along with a job description)

Borrower’s Signature: ___________________________  Date: ___________________

Part I: Peace Corps or AmeriCorps*VISTA Volunteer

- AmeriCorps*VISTA Volunteer – declined the AmeriCorps national service award (please sign page 4 of this form)
- Peace Corps Volunteer – need a letter from the Peace Corps headquarters with your dates of service along with this form

Borrower’s Signature: ___________________________  Date: ___________________

Part J: Public Defender

- A full-time attorney employed in federal public defender organizations or community defender organizations

Borrower’s Signature: ___________________________  Date: ___________________

Part K: Public/Private Non-Profit Child or Family Service Agency – PRIVATE □  NON-PROFIT □

Yes No

- Are you providing, or supervising the provision of, services to high-risk children and their families who are from low-income communities?
- Are the high-risk children served individuals under the age of 21, who are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system?

Borrower’s Signature: ___________________________  Date: ___________________
Part L: Speech Pathologist
Yes No
❑ Yes No Do you hold a master's degree?
Yes No
❑ Yes No Will you be working exclusively with Title I-eligible schools?

Borrower’s Signature: ___________________________ Date: __________________

Part M: Teacher Cancellation
❑ A full-time teacher in low income area: [ ] elementary or [ ] secondary public
❑ A full-time teacher in a shortage area teaching math, science, foreign language, other
❑ A full-time teacher of handicapped children or a full time special education teacher
  Type of handicap ___________________ Percentage of handicapped children in classroom ___________________
  Age Group of Students: __________________________
❑ A full-time teacher in a school that is operated by the Bureau of Indian Affairs.
❑ A faculty member at a Tribal college or university
❑ Are you in the Teach for America Program (part of AmeriCorps)?
  Are you taking the National Service Award? _____ (If you decline the award, please sign and return the attached form)

If my school is a not-for-profit, I have enclosed an IRS determination letter showing 501(c) (3) status __________________________

Borrower’s Signature: ___________________________ Date: __________________

Employer’s Certification (This must be fully completed by your employer.)
I certify that the information below is correct.

I certify that the borrower was/is in the above status from: _____/___/____ to _____/___/____
I verify that the borrower will be above status for the upcoming year from: _____/___/____ to _____/___/____

Employer

Authorized Official

Official Stamp or Seal

(If applicable)

Name of Employer

Signature of authorized official

Printed name

Title

Phone

Date

Dartmouth College Office Use Only

Loan funds: ___________________________ [ ] Approved [ ] Denied

Date entered: ___________________________

Reason for denial: ___________________________

Entered by: ___________________________
NOTE TO BORROWER: If you are in Teach for America (part of AmeriCorps) and you are offered the service award through AmeriCorps, you cannot have the cancellation. You must decide which will be beneficial to you. If you declined or will decline the award, we ask that you complete the information below.

I ____________________________, will not be taking the National Service Education Award from AmeriCorps (Teach for America). I decline this award so I can obtain a cancellation on my Federal Perkins loan(s) with Dartmouth College Student Financial Services Office.

________________________________________
SIGNATURE

________________________________________
DATE

________________________________________
PRINT NAME

________________________________________
DARTMOUTH ID#

________________________________________
LAST FOUR DIGITS OF SSN