

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 _____
Last First MI
Address _____ Email _____
Street City State Zip Code
Phone (____) _____ Date of Birth _____ Date left Dartmouth _____

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: _____

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: _____

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: _____

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?

Yes No

- Is this agency primarily responsible for the enforcement of criminal law?

Yes No

- 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?

Yes No

- 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

- Have you obtained a postgraduate academic degree awarded after the completion of an academic program of up to six years in duration (excluding a doctorate or professional degree)?

Yes No

- Do you hold a master's degree?

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 ___/___/___

<u>Employer</u>	<u>Authorized Official</u>	<u>Official Stamp or Seal</u> (If applicable)
_____ Name of Employer	_____ Signature of authorized official	
_____ Address	_____ Printed name	
_____ City, State Zip	_____ Title	
_____ County	_____ Phone	_____ Date

⇒ Dartmouth College Office Use Only

Loan funds: _____	[] Approved	[] Denied
Date entered: _____		
Reason for denial: _____		
Entered by: _____		

AMERICORPS BORROWERS

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: 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