



BROWN

Brown University  
Student Financial Services  
Box 1950, Providence, RI 02912  
(401) 863-2484  
studentfinancialservices@brown.edu

**TEACHER CANCELLATION & PRE-CANCELLATION DEFERMENT  
Perkins Loans**

**Borrower Information (to be completed by borrower in blue or black ink)**

Name: \_\_\_\_\_ Loan Account #: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_ Street Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ 2<sup>nd</sup> E-mail Address: \_\_\_\_\_

**Borrower Certification (to be completed by borrower)**

**Deferment or Cancellation Type (check one) – See additional details on page 2**

(Attach an official job description.)

- Teaching  Speech-Language Pathologist  Tribal College or University Faculty
- Early Intervention Services  Service in Early Childhood Education Program  Child or Family Service Agency

**Certification of Employment Period**

- I am anticipating completing one full year of service and am requesting a pre-cancellation deferment.
- I have already completed one full year of service and am requesting a cancellation.

Dates of F/T Employment or Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you plan to continue in the upcoming year? \_\_\_\_\_

**Statement of Understanding and Borrower Certification: I understand that: (check each box below)**

- If I do not complete the year of service, I will begin repayment of my loan following my 6-month grace period.
- My account must be current at the time of submitting request.
- I must notify my school in order to receive the initial pre-cancellation deferment.
- I must provide annual documentation in order to receive subsequent partial cancellations.
- I may be required to provide further documentation to verify my eligibility before these cancellation benefits may be granted.

**Borrower Certification:** I certify that the information shown above is true and correct. I will notify the Brown University Loan Office immediately of any change in my status. I understand that all information will be held in the strictest confidence and will not be subject to dissemination outside the requirements of Brown University.

**Signature of Borrower:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Specific School/Employer Certification (to be completed by an authorized official)**

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Currently Employed on F/T Basis? \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Name of Specific School/Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Official Seal/Stamp** (if no official Seal/Stamp, provide a letter of certification confirming the borrower's employment on official letterhead and include the employee's start date and full time status.)

**Authorized Official Certification:** I certify that the information provided in the Borrower Certification section above and the Specific School/Employer Certification section is true and correct.

Printed Name and Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Brown University Use Only**

Approved Rate: \_\_\_\_\_ Total Cancelled: \_\_\_\_\_ Denied/Reason: \_\_\_\_\_

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Completed signed application may be scanned, emailed or mailed to Student Financial Services at the contacts listed above.

## **General Tips**

- An official job description (and other documentation as noted below) must be attached.
- Remember to submit additional requests for pre-cancellation deferment on an annual basis.
- Interest will not accrue during any approved deferment period.
- For questions or more details regarding deferment options or eligibility, contact the Loan Office at (401) 863-3296 or [loans@brown.edu](mailto:loans@brown.edu).
- The information below pertains to loans disbursed on or after 7/1/1993. Contact the Loan Office with questions on loans disbursed prior to 7/1/1993.

## **Eligibility Information & Cancellation Rates**

**Teaching** • a full-time teacher in a public or other nonprofit elementary or secondary school or in a school or location operated by an educational service agency that has been designated by the Department in accordance with the provisions of section 465(a)(2) of the Act as a school with a high concentration of students from low-income families. An official Directory of designated low-income schools and locations operated by educational service agencies is published annually by the Department. • a full-time special education teacher in a public or nonprofit elementary or secondary school system, including a system administered by an educational service agency; or • a full-time teacher, in a public or other nonprofit elementary or secondary school system who teaches mathematics, science, foreign languages, bilingual education, or any other field of expertise that is determined by the State Department of Education to have a shortage of qualified teachers in that State.

Visit <https://www.tcli.ed.gov/CBSWebApp/tcli/> to view the Teacher Cancellation Low Income Directory

**Special education teachers must provide a copy of the license, certification, or registration from the appropriate state education agency for that area in which he or she is providing related special educational services.**

**Early Intervention Services** • a full-time qualified professional provider of early intervention services in a public or other nonprofit program under public supervision by a lead agency as authorized by section 632(5) of the Individuals with Disabilities Education Act. Early intervention services are provided to infants and toddlers with disabilities.

**Child or Family Service Agency** • a full-time employee of an eligible public or private non-profit child or family service agency who is directly providing or supervising the provision of services to high-risk children who are from low-income communities and the families of such children.

**Tribal College or University Faculty** • a full-time faculty member at a Tribal College or University, as that term is defined in section 316 of title 20, U.S.C.

Visit <http://www.ed.gov/edblogs/whiaiane/tribes-tcus/tribal-colleges-and-universities/> to view a list of the fully accredited Tribal Colleges and Universities in the United States.

For the Tribal College or University Faculty cancellation, the period of service must include August 14, 2008, or begin on or after that date.

**Speech-Language Pathologist** • a full-time speech-language pathologist who has a master's degree and who is working exclusively with schools that are eligible for assistance under title I of the Elementary and Secondary Education Act of 1965.

**Cancellation Rates** - For each completed year of service a portion of this loan will be canceled at the following rates:

- 15 percent of the original principal loan amount for each of the first and second years; • 20 percent of the original principal loan amount for each of the third and fourth years; and • 30 percent of the original principal loan amount for the fifth year.

**Speech –Language Pathologists must provide proof of receiving a master's degree and must be working exclusively with Title I-eligible schools.**

**Service in an Early Childhood Education Program** • 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.

**Cancellation Rates** - For each completed year of service a portion of this loan will be canceled at the following rates:

- 15 percent of the original principal loan amount for each completed year.

For the pre-kindergarten and child care program cancellation, the period of service must include August 14, 2008, or begin on or after that date.