

BOSTON COLLEGE

REQUEST FOR CANCELLATION OF PERKINS LOAN

SPECIAL EDUCATION TEACHER

Statement to Applicant and Employer about this Federal loan benefit: For purposes of this loan program the US Department of Education allows those that teach or serve as teaching professionals to defer loan payments and receive cancellation benefits (loan forgiveness). Applicants become cancellation eligible for each completed year of full-time teaching as a Special Education Teacher or teaching professional that exclusively provides special educational services to students with “handicaps” as defined by the Disabilities Education Act, Section 6102(a)(1) .

Instructions to Applicant: The Applicant always completes sections A, B, and C. Section D is only completed once the cancellation benefit is earned upon completion of a full academic year postponement of payment period. Once you have completed your sections, deliver the form to your Principal or a verification specialist in your Human Resources office for completion of sections E and F.

Instructions to Employer: The Employer completes sections E and F of this form. Your employee (the applicant) is hereby applying for a Federal Loan benefit based on the fact that he/she is a full-time teaching professional as defined in the statement above.

SECTION A

Borrower's Name

BC Eagle ID Number or Last Four Digits of Your Social Security Number

Home Address

City

State

Zip

Cell Phone

Residence Phone

Job Title

Email Address

SECTION B

Name of School Where Applicant Teaches

Address of School Where Applicant Teaches

City

State

Zip

School Telephone Number

IMPORTANT: Partial cancellations are only provided after successful completion of a full academic year postponement of payment period, or its equivalent, at which time you will submit a second form with Section D completed.

SECTION C

1. This is the first time I am applying for a postponement of payment for the school named in Section B.

Yes No

If you answered yes, you are required to submit a hire letter or contact copy for your position.

2. I anticipate that I will complete a full academic year of employment in the school named in Section B and thereby qualify for the cancellation that follows my postponement of payment.

Yes No

3. My official first day of full-time employment as a teaching professional with this school was or will be:

SECTION D

1. I have just COMPLETED a full academic year of qualifying teaching and do hereby apply for a partial cancellation benefit. I have previously supplied the back-up documentation (hire letter or contract).
 Yes No
2. Please check ONLY ONE academic year for which you are now applying for a cancellation benefit. If you are retroactively applying for benefits not previously granted, you must submit a different form for each year for which you seek a benefit.
 2004-2005 2005-2006 2006-2007 2007-2008 2008-2009 2009-2010 2010-2011

NB: Do not apply for the cancellation portion of your benefit prior to fifteen days before the end of the academic year for which you are seeking the benefit. Early submissions will be rejected.

3. I am only teaching students that are in need of special education services or the "handicapped". Handicapped students are defined as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedic impairment, or other health impairments
 Yes No
4. I hereby declare my intention to complete the next academic year of employment at the school indicated in Section B of this form.
5. I hereby declare that I will NOT return in the next academic year to the school indicated in Section B of this form.

 Applicant Signature

Date

SECTION E

1. Is this organization a public or private non-profit elementary/secondary school?
 Yes No
2. If the applicant works for a private academy, has the academy established its non-profit status with the Internal Revenue Service and is the academy providing elementary and/or secondary education according to state law?
 Yes No
- 3a. Is the applicant a full-time teacher in a Special Education for purposes of salary, tenure, and retirement benefits?
 Yes No
- 3b. Is the applicant teaching in a non-classroom setting; or providing special education related services supporting classroom teaching, including guidance counseling only to special education students?
 Yes No
4. Is the applicant a full-time teacher's aid meeting the same definition as a full-time teacher as stated in item 3 of this Section? If so, the borrower must have a bachelor's degree and be professionally recognized by the state as a full-time employee rendering direct and personal Special Education services in carrying out the instructional program of an elementary or secondary school.
 Yes No
5. Is the applicant licensed, certified, or registered by an appropriate state education agency?
 Yes No

SECTION F

 Employer Signature

Date

 Print Certifying Official's Name

Title

 Email Address of Certifying Official

Telephone Number

Cancellation forms can be mailed or faxed to:
 Boston College Office of Student Services, Lyons Hall
 140 Commonwealth Avenue, Chestnut Hill, MA 02467
 Attn: Mark Schuman Fax: 617-552-4889