

**REQUEST FOR POSTPONEMENT/DEFERMENT
FOR SERVICE/EMPLOYMENT**

**NATIONAL DEFENSE/NATIONAL DIRECT
FEDERAL PERKINS STUDENT LOAN PROGRAM**

FOR POSTPONEMENT/DEFERMENT ONLY- NOT FOR CANCELLATION. FILE THIS FORM AT THE BEGINNING OF YOUR YEAR OF FULL-TIME EMPLOYMENT. INSTRUCTIONS ON BACK OF THIS FORM-PLEASE PRINT IN INK OR TYPE.

PART 1 GENERAL INFORMATION (To be completed by the borrower)

ACCOUNT NUMBER & LOAN FUND <hr/> NAME OF BORROWER (Last, First, Middle) <hr/> STREET ADDRESS <hr/> CITY, STATE, ZIP <hr/> Day Telephone # <hr/> Evening Telephone # <hr/>	University of St. Thomas 2115 Summit Ave AQU 220 Saint Paul MN 55105-1096 (651) 962-6612
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This form must be filed in lieu of payment if you are employed or providing a service below and wish to claim entitlement of such loan at the end of a complete year. CHECK APPROPRIATE BOX TO INDICATE TYPE OF SERVICE/EMPLOYMENT- REFER TO REVERSE SIDE OF FORM FOR FURTHER ELIGIBILITY CRITERIA.

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| 9 (A) Military- All disbursements to date.

9 (B) Peace Corp/Vista- First time borrowers with disbursements on and after 7/1/87 to date.

9 (C) Law Enforcement/Correctional Officers- Disbursements on and after 11/29/90 to date. Attach official job description.

9 (D) Qualified Professional Provider of Early Intervention Service- Disbursements on and after 7/23/92 to date. Attach official job description.

9 (E) Employee of Child or Family Service Agency- Disbursements on and after 7/23/92 to date. Attach official job description. | 9 (F) Nurse- Disbursements on and after 7/23/92 to date.

STATE BOARD DATE _____
RN OR LPN LICENSE # _____

9 (G) Medical Technician providing health care- Disbursements on and after 7/23/92 to date. Attach official job description.

STATE BOARD DATE _____
LICENSE # _____ |
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I HEREBY APPLY FOR A POSTPONEMENT/DEFERMENT OF MY NDSL/PERKINS LOAN IN THE APPROPRIATE AMOUNT OF PRINCIPAL AND INTEREST FOR ONE COMPLETE YEAR OF SERVICE/EMPLOYMENT AS DESCRIBED ABOVE..

YEAR STARTING (MONTH-DAY-YEAR)	YEAR ENDING (MONTH-DAY-YEAR)	SIGNATURE OF BORROWER	DATE
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PART II CERTIFICATION OF SERVICE EMPLOYMENT (To be completed by employer or appropriate official)

I CERTIFY THAT HE/SHE IS EMPLOYED OR SERVING AS STATED ABOVE AND THE DESCRIPTION OF HIS/HER DUTIES ARE TRUE AND CORRECT.

NAME OF APPLICANT <hr/> POSITION/TITLE OF APPLICANT <hr/> NAME AND ADDRESS OF EMPLOYING AGENCY <hr/>	SIGNATURE OF AUTHORIZED OFFICIAL <hr/> TITLE OF AUTHORIZED OFFICIAL <hr/> DATE <hr/> PHONE NUMBER ()	OFFICIAL SEAL OR STAMP OF SERVICE/EMPLOYING AGENCY (If none available a letter of certification on agency letterhead is required)
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**SERVICE/EMPLOYMENT FOR POSTPONEMENT/DEFERMENT
INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS**

INSTRUCTIONS:

1. Fully complete Part I (form will be returned if missing any information).
2. Sign and date form.
3. Have form certified in Part II. If an official seal or stamp is not available, verification of your service/employment must be submitted on letterhead stationery.
4. Include an official job description.
5. If you changed employment agencies during your postponement/deferment period, there may be NO breaks in employment. Complete a cancellation form for all applicable positions from each employer.

- A. **Military** To qualify, you must have served active duty for twelve consecutive months in US Army, Navy, Air Force, Marine Corps or Coast Guard. In addition, borrowers with loans made after 6/30/72 must have been receiving combat pay and must have served in an area of hostility.
- B. **Peace Corp/VISTA** To qualify, you must have served full-time for one complete year with the Peace Corps or other organization under the Domestic Volunteer Service Act of 1973 (Vista or Action).
- C. **Law Enforcement** To qualify, you must have been employed full-time in service to a local, state, or federal agency whose activities pertain to crime prevention. Primary responsibility is control or reduction of criminal law and crime prevention. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative or support are not eligible.
- D. **Qualified Professional Provider of Early Intervention Service** To qualify, you must have been employed full-time as a provider in a public or other non-profit program under public supervision. The agency must be in compliance with Section 676 (b) (a) of the Individual with Disabilities Education Act. Your duties must comply with Section 672 (2) of the same act.
- E. **Employee of Child or Family Service Agency** To qualify, you must have been employed full-time in a public or private non-profit child or family service agency. You must provide or supervise the provision of services to high-risk children and their families. High risk children are defined as individuals under the age of 21 who: are low income; have been at risk of being abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placement outside the home, or are involved in the juvenile justice system.
- F. **Nurse** To qualify, you must have been employed full-time as a licensed practical nurse, a registered nurse, or other individual who is licensed by appropriate state agency to provide nursing services.
- G. **Medical Technician** To qualify, you must have been employed full-time as an allied health professional, working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service.

CANCELLATION RATES

MILITARY	12.5% per year for 4 years maximum. Maximum cancellation of 50% of original loan
PEACE CORP/VISTA	15% for 1st and 2nd year 20% for 3rd and 4th year Maximum cancellation of 70% of original loan
ALL OTHERS	15% for 1st and 2nd year 20% for 3rd and 4th year 30% for 5th year Maximum cancellation of 100% of original loan