

# BOSTON COLLEGE

## REQUEST FOR CANCELLATION OF PERKINS LOAN EARLY INTERVENTION SERVICES FOR CHILDREN

Please note: To qualify you must provide service to infants and toddlers from birth to age two who need early intervention services for specified reasons. This group may also include infants and toddlers that the state has decided would be at risk of having substantial developmental delays if early intervention was not provided.

def/cn \_\_\_\_\_ to \_\_\_\_\_

def/cn \_\_\_\_\_ to \_\_\_\_\_

sent ltr \_\_\_\_\_

### PART I - TO BE COMPLETED BY THE BORROWER

Borrower's Name

BC Eagle ID or the last four digits of your Social Security Number

Home Address

City

State

Zip

Telephone Number

Job Title

Email Address

Job Description

Name of Service Agency

Address of Service Agency

City

State

Zip

Telephone Number

▶  I am requesting deferment. (Loans will be deferred until 12 months of service has been completed. No payment is necessary during deferment.)

I am requesting cancellation for providing early intervention services for children as certified below for the previous 12 months of full-time service just ending.

▶ Period of employment or service beginning \_\_\_\_\_ and ending \_\_\_\_\_ .  
(For the previous year only.)                      Month Day Year                      Month Day Year

▶ If applying for cancellation for the year just ending, check below if you intend to complete another 12 months of employment:

I intend to complete another year of employment to \_\_\_\_\_ .  
Date

▶ \_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_ Date

**PART II - TO BE COMPLETED BY THE EMPLOYER**

- ▶ Is the borrower providing developmental services that are:
- provided under public supervision
  - provided at no cost, except where federal and state law provides for a system of payments by families, including a schedule of sliding fees
  - designed to meet a handicapped infant's or toddler's developmental needs in one of the following areas:
    - cognitive development
    - language and speech development
    - physical development
    - psychosocial development
    - self-help skills
- Yes                      No

- ▶ Do the children have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays, or are expecting developmental delays as measured by appropriate diagnostic instruments and procedures in one of the following areas:
- cognitive development
  - physical or psychosocial development
  - self-help skills
- Yes                      No

▶ What is the borrower's job title? \_\_\_\_\_  
(Please attach an official, detailed job description.)

\_\_\_\_\_  
Name and Title of Certifying Official

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date