

BOSTON COLLEGE

REQUEST FOR CANCELLATION OF PERKINS LOAN NURSING

def/cn _____ to _____

def/cn _____ to _____

sent ltr _____

Please note: To qualify you must be employed as a full-time nurse. (A nurse is a licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.)

This form must be filled in completely, and you must include a copy of an official job description as well as a copy of your license to practice as a nurse.

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 (Note: You **must** submit an official job description with this application.) _____

Name of Service Agency (Employer) _____

Address of Service Agency _____ City _____ State _____ Zip _____ Telephone Number _____

I am including a copy of my official job description (required).

I am requesting deferment. Payment of the Perkins loan will be deferred for 12 months.

I began employment on this date: _____
Month Day Year

I am requesting cancellation for service as a full-time nurse as certified below for the previous 12 months of full-time service.

Period of service beginning _____ and ending _____ .
Month Day Year Month Day Year

▶ Nurses **must** provide licensing information below and include a copy of the license.

State of Licensure: _____ Type of Licensure: _____

Date License Issued: _____ License Number: _____

I am including a copy of my license (required).

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

I intend to complete another year of employment with the same employer.

▶ _____
Borrower's Signature _____ Date _____

PART II - TO BE COMPLETED BY THE EMPLOYER

- 1) Is the borrower employed full-time as a licensed practical nurse or registered nurse licensed by an appropriate state agency to provide nursing services? Yes No
- 2) Is the borrower providing health care services directly to patients? Yes No
- 3) What is the borrower's job title? _____

Name of Certifying Official Title

Signature of Certifying Official

Telephone Number Date