

BOSTON COLLEGE

REQUEST FOR DEFERMENT OR CANCELLATION OF PERKINS LOAN PRE-KINDERGARTEN, CHILDCARE, OR HEAD START PROFESSIONALS

Instructions to the Applicant:

- Complete your demographic information.
- Complete Section B to request deferment or cancellation for your Perkins loan.
- The form must be accompanied by a copy of your official job description.
- Deliver the form to the employment verification specialist in your Human Resources office or to a Head Start official for completion of Section C.

SECTION A

Borrower's Name _____ BC Eagle ID or the last four digits of your Social Security Number _____

Home Address _____

City _____ State _____ Zip _____ Cell Phone _____ Residence Phone _____

Employer _____ Job Title _____

Email Address _____

SECTION B: EMPLOYEE SECTION

Deferment Request

▶ I am requesting a deferment on my Perkins loan for the service year beginning _____ to _____
Month Day Year Month Day Year

Cancellation Request

Partial cancellations are only provided after the completion of a full year of service. On your deferment anniversary you must submit a second form with cancellation request completed in order to receive the benefit.

▶ I am requesting the cancellation for my Perkins loan for the service year of _____ to _____
Month Day Year Month Day Year

▶ I hereby declare that my intention is to complete the next twelve months working with the employer listed above.

▶ I understand if I have worked for more than one employer within the past twelve months, a form must be completed for each employer.

If this deferment commences during my initial grace period, I agree, by signing this form, to waive this grace period in order to begin the forgiveness process.

Applicant's Signature _____ Date _____

SECTION C: EMPLOYER SECTION

Employment Verification must be completed by a Human Resource representative or an official of the Head Start Program.

What is the employee's job title? _____

What was the first official day the employee began working full-time in this job position? _____

If no longer employed with your company, what was the date of separation? _____
Month Day Year

Company Name

Address

City

State

Zip

Signature

Date

Print Certifying Official's Name

Title

Phone

Email of Certifying Official