

# BOSTON COLLEGE

## REQUEST FOR CANCELLATION OF PERKINS LOAN

### CHILD/FAMILY SERVICE AGENCY EMPLOYEE PROVIDING SERVICES FOR HIGH-RISK CHILDREN

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

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

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

**Statement to Applicant and Employer about this Federal loan benefit:** For purposes of this loan program, the Federal Government defines "high-risk children" as individuals under the age of 21 who are either low-income; at risk of abuse or neglect; have been abused or neglected; have serious emotional, mental, or behavioral disturbances; reside in placements outside of their homes; or are involved with the juvenile justice systems. Employees of schools or hospitals are not eligible to receive loan deferment/cancellation for Child and Family Service.

**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 the twelve month postponement of payment period.** Once you have completed your sections, pass the form along to your supervisor or a verification specialist in your Human Resources office for completion of sections E, F, and G.

**Instructions to Employer:** The Employer completes sections E, F, and G. Your employee (the applicant) is hereby applying for a Federal Loan benefit based on the fact that s/he is providing or has provided services to "high-risk children" 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 Employer

Address of Employer

City

State

Zip

Employer Telephone Number

#### SECTION C

**IMPORTANT: Partial cancellations are only provided after successful completion of a twelve month postponement of payment period at which time you will submit a second form with Section D completed.**

1. This is the first time I am applying for a postponement of payment for this position with the employer named in Section B.

Yes  No

If you answered yes to this item, you are required to submit an official job description for your position. Contact your Human Resources office for a copy.

2. I anticipate that I will complete a full twelve months of employment with the employer named in Section B and thereby qualify for the cancellation following my postponement of payment.

Yes  No

If you answered yes to this item and if you terminate (either voluntary or involuntary) from your employment prior to completing the twelfth month, contact The Office of Student Services at Boston College to discuss how you might continue to qualify for a benefit.

3. My official first day of full-time employment in the position I am applying for this benefit with the employer named in Section B was or will be:

\_\_\_\_\_

**SECTION D**

Complete **only at the END of postponement of payment period (after twelve months)** for which you are seeking a cancellation benefit.

- I have just COMPLETED a twelve month period of qualifying employment with the employer named in Section B and do hereby apply for a partial cancellation benefit.  
 Yes  No  
 My official job description for this position has already been supplied when I originally applied for the postponement of payment.  
 Yes  No
- I hereby declare my intention to complete another twelve full months of employment with the employer named in Section B. I understand that I will be placed on another postponement of payment period and will receive cancellation benefits when I file my next completed form after twelve more months of qualifying employment.
- I do NOT anticipate I will complete another twelve months in my current qualifying position with the employer named in Section B. I wish to be contacted about other benefits or a post-cancellation grace period I may be entitled to.

Borrower Signature

Date

**SECTION E**

- Is this organization a public or private non-profit child or family service agency?  
 Yes  No
- Is the borrower a full-time employee?  
 Yes  No
- Are the children the primary clients of the borrower?  
 Yes  No
- If yes, what percent of the borrower's clients are children/youth under the age of 21? \_\_\_\_\_ %

**SECTION F**

- Is the applicant providing services or supervising the provision of services to children who have a history of abuse or neglect?  
 Yes  No
- Is the applicant providing services or supervising the provision of services to children referred to your agency as a result of a clinical diagnosis or disciplinary process for serious emotional, mental, or behavioral disturbances?  
 Yes  No
- Is the applicant providing services or supervising the provision of services to children who are residing in placements outside of their homes or are involved in the juvenile justice system?  
 Yes  No
- Do you believe that the children being served by the applicant are exclusively from low-income communities? Low income communities are defined for purposes of this loan program as "communities in which there is a high concentration of children eligible to be counted under Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965, as amended."  
 Yes  No

**SECTION G**

**Required:** Attach a brochure or other official literature containing information on the services provided and the clients served or provide the agency website which contains information on the services provided and the clients served:

An official job description including the applicant's position title MUST accompany the first for Postponement/Cancellation.

What is the borrower's job title? \_\_\_\_\_

Name of Certifying Official

Title of Certifying Official

I certify the information contained in this application is true and correct to the best of my knowledge. If asked I will provide information that will verify the accuracy of my statements. I also certify that the Secretary of Education of the United States has the Authority to verify information reported herein.

Signature of Certifying Official

Title of Certifying Official

Telephone Number

Email of Certifying Official

Date of Certification

Certifying Official: Must be either the person in the organization or agency with authority to hire or dismiss from employment those in the employ of the agency or Human Resource/Personnel Officer.

**Cancellation forms can be mailed or faxed to:**  
 Boston College Office of Student Services, Lyons Hall  
 140 Commonwealth Avenue, Chestnut Hill, MA 02467  
 Fax: 617-552-0739