



Tennessee Tech University

Child/Family Service Provider Cancellation Form

Please return this form immediately, Incomplete forms will not be accepted.

Name/Address: _____

Mail form To: Tennessee Tech University
Loan Accounting
PO Box 5037
Cookeville, TN 38505

Email Address: _____ Account Number: _____

Day Phone # _____ Evening phone # _____ Cell Phone# _____

Lending Institution Tennessee Technological University OPE # 003523

Section 1 Perkins Cancellation Type

This is to certify that I am requesting a: **Child or Family Service agency cancellation**

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time employee of an eligible public or private nonprofit child or family service agency and have provided or supervised the provision of services to both high-risk children who are from low-income communities and the families of such children. The services provided to adults must be secondary to the services provided to the high-risk children and these adults must be members of the families of the children for whom services are provided. The Department has determined that an elementary or secondary school system or a hospital is not an eligible employing agency.

This loan will be canceled at the following rates:

- 15 percent of the original principal loan amount for each of the first and second years;
- 20 percent of the original principal loan amount for each of the third and fourth years; and
- 30 percent of the original principal loan amount for the fifth year.

Section 2 Certification Period

Please complete all of the following that applies:

My full year of employment began _____ and ended _____

Section 3 Borrower Signature

I will also be employed next year.

I declare that the information above is true and correct. I further declare that I will notify TTU immediately upon any change in my status

Borrower Signature: _____ Date: _____

Section 4 Certification by School/Agency/Institution

I certify that the information stated above is true and correct.

Name of employer _____

Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Authorized Official _____ Date _____

Printed Name and Title _____

IF NO OFFICIAL STAMP OR SEAL IS AVAILABLE, send a letter on official letterhead that confirms the borrower's service employment, or enlistment (include start date and full-time status).

FOR INSTITUTIONAL USE ONLY

%Canc _____ Amt Canc \$ _____ Official Name _____ Date _____

Official Name _____ Date _____

OFFICIAL
SEAL OR STAMP