

GENERAL CANCELLATION BENEFIT INFORMATION FOR HEAD START TEACHERS
AND STAFF IN A STATE LICENSED PRE-K OR CHILD CARE PROGRAM

HEAD START CANCELLATION

A borrower is entitled to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time staff member in the educational part of a preschool program carried out under the Head Start Act. A full-time staff member is someone who is regularly employed in a full-time professional capacity to carry out the educational part of a Head Start Program. The program must operate for a full academic year, or its equivalent and the borrower's salary may not be more than that of a comparable employee working in the local educational agency. An authorized official of the Head Start Program must sign the borrower's cancellation form to certify the borrower's service.

The annual cancellation rate is 15% of the original principal loan amount—plus the interest that accrued during the year—for each complete school year.

PRE-KINDERGARTEN OR CHILD CARE PROGRAM CANCELLATION

A borrower employed as of 8/14/08 is eligible to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time staff member in the educational part of a pre-k or child care program that is licensed or regulated by the State. A pre-kindergarten program is a State-funded program that serves children from birth through age six and addresses the children's cognitive, social, emotional and physical development.

The annual cancellation rate is 15% of the original principal loan amount—plus the interest that accrued during the year—for each complete service year.

DEFERMENT: If you are working in a position which you believe will qualify you for partial cancellation, a form requesting deferment must be filed at the start of service to suspend billing and defer payments of principal and interest. Accompanying your request, you must provide an employee certified job duties on agency letterhead signed by your employer. If applying for pre-k service deferment, you must provide written documentation evidencing the program is State-funded. If applying for child care service deferment, you must provide written documentation evidencing the program is licensed or regulated by the State. A six-month post-deferment grace period follows.

CANCELLATION: Cancellation applications must be submitted at the completion of each twelve months of service.

Improper completion of forms will cause delays in updating your loan. Until the SUNY Student Loan Service Center receives all of the proper documentation, you will continue to receive notices that payment is due. Your loan will be subject to late fees and credit bureau reporting. Not filing a form in a timely manner is equivalent to sending payment past the due date.

Return your completed forms by mail, fax or email to:

**SUNY Student Loan Service Center
5 University Place
Rensselaer, New York 12144-3440
Fax#: (518) 525-2600
Email: SLSC@albany.edu**

Please call (518) 525-2626 to speak with a representative of the SUNY Student Loan Service Center if you require assistance with completing your deferment or cancellation request.

STATE UNIVERSITY OF NEW YORK
STUDENT LOAN SERVICE CENTER

5 UNIVERSITY PLACE
RENSSELAER, NEW YORK 12144-3440
Telephone: (518) 525-2626; Fax: (518) 525-2600
Email: slsc@albany.edu

FEDERAL PERKINS LOAN PROGRAM REQUEST FOR DEFERMENT/CANCELLATION
HEAD START STAFF-MEMBER PRE-K OR CHILD CARE PROGRAM STAFF

NAME: _____ 898-____ - _____ OR _____
(Please print full name) (Enter your SUNY SLSC SID #) (Last 4 digits of SSN)

MAILING ADDRESS: _____

PLEASE READ THE GENERAL INFORMATION ATTACHMENT BEFORE COMPLETING THIS FORM

PART I: To be completed by applicant. You must attach your employer prepared job description, written on agency/school letterhead.* You must include documentation evidencing the pre-k program is State-funded or that the child care program is licensed or regulated by the State.

I declare I am/was employed FULL-TIME as: _____ a staff member in the educational part of a preschool program under Head Start.
_____ a staff member in the educational part of a pre-k program that is State-funded and serves children from birth through age six. (effective 08/14/2008)
_____ a staff member in the educational part of a child care program that is licensed or regulated by the State. (effective 08/14/2008)

I am requesting:

_____ DEFERMENT from ____/____/____ to ____/____/____ as I anticipate completing one full year of service.
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

_____ CANCELLATION from ____/____/____ to ____/____/____ as I have completed one full year of service.
(EMPLOYMENT DATES MUST EQUAL ONE YEAR)

DECLARATION: I declare all information provided in this request is accurate and true. I will notify the SUNY SLSC immediately of any change in my employment status and begin payment if required.

Signature of Borrower Date Email Address

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and New York State Penal Law.

PART II: To be completed by an official of the employing school or agency. *Employer must provide a written summary of the employee's job duties, and confirm a full-year position. The job description must be written on agency letterhead, and be signed and dated by the employer. You must include documentation evidencing that the pre-k program is State-funded or that the child care program is licensed or regulated by the State.

CERTIFICATION: I certify that the above information and attached job duties are accurate and true.

Name of School or Agency Print Name of Authorized Official

Address Signature of Authorized Official (Signature stamp unacceptable)

City, State, Zip Telephone number Date

PART III: SUNY SLSC Determination:

Approved and processed for: _____ Initials/Date: _____

Denied/Reason: _____