

GENERAL BENEFIT INFORMATION FOR:  
FULL-TIME PROVIDERS OF EARLY INTERVENTION SERVICES,  
SERVICE IN A CHILD OR FAMILY SERVICE AGENCY  
OR SPEECH LANGUAGE PATHOLOGISTS

A borrower is entitled to have up to 100% of their Federal Perkins Loan canceled for qualifying service as a full-time provider of early intervention services, or in a child or family service agency providing services **directly and exclusively** to high risk children.

A full-time speech language pathologists with a master's degree working **exclusively** for specified low-income schools that are eligible for assistance under Title I of the Elementary and Secondary Education Act of 1965 are also eligible.

No portion of any loan may be canceled for services the borrower performed before the date the loan was disbursed, or during the same period the loan was received. The cancellation rate per year of service is as follows:

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

A borrower is responsible for applying for benefits by completing the appropriate form and for providing any documentation requested supporting cancellation eligibility.

#### DEFINITIONS

The cancellation provisions include terms that are defined in the Individuals with Disabilities Education Act. The terms and the section of the act in which they are found are listed below:

Section 672(1) defines Infants and Toddlers with Disabilities.

Section 672(2) defines Early Intervention Services and Qualified Professional Provider of Early Intervention Services.

High-risk children is defined as individuals under the age of 21 who are low-income and at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system.

A low-income community is a community in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended.

**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. 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 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  
PROVIDER OF EARLY INTERVENTION SERVICE; PROVIDER IN A CHILD OR FAMILY SERVICE AGENCY  
or SPEECH LANGUAGE PATHOLOGIST

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

MAILING ADDRESS: \_\_\_\_\_

PLEASE READ THE GENERAL INFORMATION BEFORE COMPLETING THIS FORM

**PART I: To be completed by applicant. You must attach your employer prepared job description, written on agency letterhead.\***

I declare I am/was employed full-time as: \_\_\_\_\_ a provider of early intervention services to infants and toddlers with disabilities (birth to age two) in a public or non-profit program under public supervision.

\_\_\_\_\_ a provider in an eligible public or private non-profit child or family service agency providing or supervising the provision of services **directly and exclusively** to both high risk children and the families of such children who are from low income communities. (Services provided to adults *must be secondary* to services provided to high-risk children.)

\_\_\_\_\_ a speech language pathologist with a master's degree working year-round (12 consecutive months) exclusively for specified low-income schools. (effective 08/14/2008)  
**Documentation evidencing your master's degree is required.**

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 true and correct. 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.**

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

\_\_\_\_\_  
Agency or School Official's Name/Signature/Title (Signature stamp is unacceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency or School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**PART III: SUNY SLSC Determination:**

Approved and processed for:

\_\_\_\_\_  
Initials/Date:

Denied/Reason: