REQUEST FOR POSTPONEMENT/DEFERMENT FOR SERVICE/EMPLOYMENT

NATIONAL DEFENSE/NATIONAL DIRECT FEDERAL PERKINS STUDENT LOAN PROGRAM

FOR POSTPONEMENT/DEFERMENT ONLY- NOT FOR CANCELLATION. FILE THIS FORM AT THE BEGINNING OF YOUR YEAR OF FULL-TIME EMPLOYMENT. INSTRUCTIONS ON BACK OF THIS FORM-PLEASE PRINT IN INK OR TYPE.

PART 1 GENERAL INFORMATIO	N (To be completed by the borrowe	r)	
ACCOUNT NUMBER & LOAN FUND			
NAME OF BORROWER (Last, First, Middle)		University of St. Thomas 2115 Summit Ave AQU 220 Saint Paul MN 55105-1096 (651) 962-6612	
STREET ADDRESS			
CITY, STATE, ZIP			
Evening Telephone #			
		rice below and wish to claim entitlement of such IT- REFER TO REVERSE SIDE OF FORM FOR	
9 (A) Military- All disbursements to date	9 (F) Nurs	e- Disbursements on and after 7/23/92 to date.	
9 (B) Peace Corp/Vista- First time borrowers with disbursements on and after 7/1/87 to date.		STATE BOARD DATE	
		RN OR LPN LICENSE #	
9 (C) Law Enforcement/Correctional Off Disbursements on and after 11/29			
Attach official job description. 9 (G) Medical Technician providing health care- Disbursements on and after Attach official job description.			nents on and after 7/23/92 to date.
9 (D) Qualified Professional Provider of Service- Disbursements on and af	ter 7/23/92 to	STATE BOARD DATE	
date. Attach official job description	n.	LICENSE #	
9 (E) Employee of Child or Family Servi Disbursements on and after 7/23/9 Attach official job description.			
I HEREBY APPLY FOR A POSTPO AND INTEREST FOR ONE COMPL		DSL/PERKINS LOAN IN THE APPROPRI/ MENT AS DESCRIBED ABOVE	ATE AMOUNT OF PRINCIPAL
YEAR STARTING	YEAR ENDING	SIGNATURE OF BORROWER	DATE
(MONTH-DAY-YEAR)	(MONTH-DAY-YEAR)		
PART II CERTIFICATION OF SER	VICE EMPLOYMENT (To be com	pleted by employer or appropriate official)	

I CERTIFY THAT HE/SHE IS EMPLOYED OR SERVING AS STATED ABOVE AND THE DESCRIPTION OF HIS/HER DUTIES ARE TRUE AND CORRECT.

NAME OF APPLICANT	SIGNATURE OF AUTHORIZED OFFICIAL	OFFICIAL SEAL OR STAMP OF SERVICE/EMPLOYING AGENCY (If none available a letter of certification on
POSITION/TITLE OF APPLICANT	TITLE OF AUTHORIZED OFFICIAL	agency letterhead is required)
NAME AND ADDRESS OF EMPLOYING AGENCY	DATE	
	PHONE NUMBER ()	

PART III FOR OFFICE USE ONLY

POSTPONED/DEFERRED	PROCESSED BY:
DATES FROMTO	
CODE	DATE:

SERVICE/EMPLOYMENT FOR POSTPONEMENT/DEFERMENT INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS

INSTRUCTIONS:

- 1. Fully complete Part I (form will be returned if missing any information).
- 2. Sign and date form.
- 3. Have form certified in Part II. If an official seal or stamp is not available, verification of your service/employment must be submitted on letterhead stationery.
- 4. Include an official job description.
- 5. If you changed employment agencies during your postponement/deferment period, there may be NO breaks in employment. Complete a cancellation form for all applicable positions from each employer.
- A. Military To qualify, you must have served active duty for twelve consecutive months in US Army, Navy, Air Force, Marine Corps or Coast Guard. In addition, borrowers with loans made after 6/30/72 must have been receiving combat pay and must have served in an area of hostility.
- B. Peace Corp/VISTA To qualify, you must have served full-time for one complete year with the Peace Corps or other organization under the Domestic Volunteer Service Act of 1973 (Vista or Action).
- C. Law Enforcement To qualify, you must have been employed full-time in service to a local, state, or federal agency whose activities pertain to crime prevention. Primary responsibility is control or reduction of criminal law and crime prevention. Activities include police efforts, criminal court jurisdiction, corrections, probation, or parole authorities. Agencies and positions whose primary responsibilities are civil, regulatory, administrative or support are not eligible.

D. Qualified To qualify, you must have been employed full-time as a provider in a public or other non-profit program under public supervision. The agency must be in compliance with Section 676 (b) (a) of the Individual with Disabilities Education Act. Your duties must comply with Section 672 (2) of the same act.

- E. Employee of Child or Family Service Agency Agency To qualify, you must have been employed full-time in a public or private non-profit child or family service agency. You must provide or supervise the provision of services to high-risk children and their families. High risk children are defined as individuals under the age of 21 who: are low income; have been at risk of being abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placement outside the home, or are involved in the juvenile justice system.
- F. Nurse To qualify, you must have been employed full-time as a licensed practical nurse, a registered nurse, or other individual who is licensed by appropriate state agency to provide nursing services.
- G. Medical Technician To qualify, you must have been employed full-time as an allied health professional, working in a field such as therapy, dental hygiene, medical technology, or nutrition. You must assist, facilitate, or complement the work of physicians or other specialists in the health care system. You must be certified, registered, or licensed by the state agency within the state where you provide this service.

CANCELLATION RATES

MILITARY	12.5% per year for 4 years maximum. Maximum cancellation of 50% of original loan
PEACE CORP/VISTA	15% for 1st and 2nd year 20% for 3rd and 4th year Maximum cancellation of 70% of original loan
ALL OTHERS	15% for 1st and 2nd year 20% for 3rd and 4th year 30% for 5th year Maximum cancellation of 100% of original loan