**PART 1:** To be completed by borrower

I hereby apply for cancellation of a portion of my student loan. I understand that the yearly principle cancellation rates are 15% - 15% - 20% - 20% - 30% for each succeeding year, for a maximum total of 100% after five years of eligible employment.

I am a full-time employee of a public or private nonprofit child service or family service agency. I provide services or supervise the provision of services to high-risk children who are from low-income communities and to the families of such children.

The full year of employment began ______________and ends______________.

(mm/dd/yy)  (mm/dd/yy)

I will be employed in the same capacity next year:  ____Yes  ____No

My daytime telephone number is _________________________________.

Date ____________ Signed __________________________________________

**PART 2:** To be completed by the employer's human resources department.

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization ________________________________

City & State ________________________________

Telephone ________________________________ FAX ________________________________

Date ____________ Signed ________________________________

*Does not include address stamp or notary seal. A letter on letterhead stationary, stating the employee’s job title and the time the employee is/was full time [from (mm/dd/yy) to (mm/dd/yy)] can be substituted.