

DFACS CANCELLATION

Part I: To be completed by the Borrower
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Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I hereby apply for cancellation of a portion of my Federal Perkins or National Direct student loan. I understand that the yearly principal cancellation rates are as follows for a maximum total of 100% after five years of eligible employment:

- Year one – 15%
- Year two – 15%
- Year three – 20%
- Year four – 20%
- Year five – 30%

I was a full-time employee of a public or private nonprofit child service or family service agency. I provided services or supervised the provisions of services to high risk children who are from low income communities and the families of such children.

My full year of such employment began _____ and ended _____.
(mm/dd/yyyy) (mm/dd/yyyy)

I will also be so employed next year.

My daytime telephone _____

Date _____ Signed _____

Part II: To be completed by Borrower's Supervisor
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I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge.

Name of Organization _____ *Affix seal or stamp*

City & State _____

Telephone _____

Date _____ Signed _____

Title _____