

EARLY INTERVENTION

DEFERMENT APPLICATION

Part I: To be completed by the Borrower

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I am a full-time professional provider of early intervention services in a public program or publicly supervised program authorized under section 672(2) of the Individuals with Disabilities Education Act.

I hereby apply for deferment of my Perkins student loan repayments. I waive any unexpired portion of my original grace period. After each complete year of eligible employment, I may re-apply for cancellation of a portion of my loan.

The current year of employment began _____ and ends _____.
(mm/dd/yyyy) (mm/dd/yyyy)

My daytime telephone number is _____

Date _____ Signed _____

Part II: To be completed by Borrower's Supervisor

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 _____