

HEADSTART CANCELLATION

Part I: To be completed by the Borrower

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 staff member in a HeadStart program for a full year.

My full year of HeadStart work began _____ and ended _____.
(mm/dd/yyyy) (mm/dd/yyyy)

I will continue HeadStart work next year.

My telephone number is _____.

Date _____ Signed _____

Part II: To be completed by the 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 _____

County _____ Telephone _____

Date _____ Signed _____ Title _____