

Georgia College & State University

TEACHER

DEFERMENT APPLICATION

Part I: To be completed by the Borrower

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I am a full-time teacher in a elementary or secondary school which has a high concentration of children from low-income families.

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 _____ I teach grade _____.

Date _____ Signed _____

Part II: To be completed by the school Principal where employed

I hereby certify that the information stated by the borrower above is true and correct to the best of my knowledge. I further certify this school is/will be listed in the US Department of Education's "Directory of Designated Low-Income Schools" for the above year.

Name of Organization _____ *Affix seal or stamp*

City & State _____

County _____ Telephone _____

Date _____ Signed _____