

SC Teaching Fellows Request for Loan Cancellation and Deferment

Year entering program _____

Contact / Basic Information

Last Name:		First Name:		Middle Name:	Last 4 digits of Social Security #:	
Any Other Name on Records:						
Mailing Address:						
City:			State:	Zip:	Email:	
Telephone:	Teaching Fellows Institution(s) attended (undergraduate):				Graduation Date (MM/YYYY):	

Employment Information – Cancellation & Deferment

Name of School (Where Employed During Cancellation/Deferment Periods Listed Below):			School District:			
School Street Address:						
School City:			School State:	School Zip:	Work Phone:	
Job Title/Subjects Teaching:						

INSTRUCTIONS:

This form must be submitted at the end of each year of teaching to request Cancellation of Teaching Fellows funds received (notifying us of one year of completed teaching service so that we may cancel one year of your funds received) and to request Deferment for the upcoming academic year (notifying us that you have a position for the upcoming year and will again be teaching). Both of the below sections (Cancellation and Deferment) must be completed if you taught during the past year and plan to teach during the upcoming year. If you are a new graduate and will be teaching for the first time during the upcoming year, you must submit this form at the beginning of your first year of teaching, but you will only need to complete the DEFERMENT section.

Employment Period for CANCELLATION Enter the dates of the completed year of teaching service to request loan forgiveness for your service.

(MM / YYYY) _____ to (MM / YYYY) _____

Employment Period for DEFERMENT Enter dates of the upcoming academic year to certify you are under contract and are expected to complete a year of teaching service.

(MM / YYYY) _____ to (MM / YYYY) _____

Declaration of Teaching Fellow

I declare that the information shown above is true and accurate. I further declare that I will notify the SC Teaching Fellows Accounting Office immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will notify CERRA immediately.

Signature of Borrower: _____

Date: _____

Certification/Verification of Employment

^^^ To Be Completed by **District Personnel Officer** or **Superintendent** ^^^

This form was revised in April 2020. Please read the statements carefully.

We ask that you complete the following in order to certify this individual's eligibility for loan forgiveness. Only the listed positions are eligible.

- The school listed above is a **public** elementary, middle, or secondary school or a school operated by the State of South Carolina. ___ Yes ___ No
- This individual was a full-time, **state certified*** teacher, media specialist, occupational therapist, school counselor/mental health counselor, school psychologist, school social worker, or speech pathologist at the school listed above during the **cancellation period** listed above. ___ Yes ___ No ___ N/A (No cancellation dates entered)
- This individual completed at least 152 days of service during the cancellation period listed above. ___ Yes ___ No ___ N/A (No cancellation dates entered) If no, list number of days completed. _____
- This individual has a contract as a full-time, teacher, media specialist, occupational therapist, school counselor/mental health counselor, school psychologist, school social worker, or speech pathologist at the school listed above for the **deferment period** listed above. ___ Yes ___ No

Signature of Certifying Official (required) _____ Date _____

Printed Name of Official _____ Title of Official _____

Phone Number of Official _____

Return to: CERRA / Attn: Teaching Fellows / Stewart House at Winthrop University / Rock Hill, SC 29733

Email: teachingfellows@cerra.org / Questions? Contact us at 803.323.4032