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SC TEACHING FELLOWS

Long Term Substitute Teaching Loan Cancellation

Contact / Basic Information

Last Name:	First Name:	Middle Name:	Social Security Number:
Name on Records (if different from above):			
Street Address:			
City:	State:	Zip:	Email:
Home Phone:	Teaching Fellows Institution(s) attended (undergraduate):		Graduation Date (MM/YYYY):
Received SC Certification: Yes No	Date Received:	Areas Certified In:	

Employment Information – Cancellation

Please list **each** long term substitute position below. In order to receive a half year of loan forgiveness, you must complete a total of at least **90** days of teaching which must consist of assignments of at least **20** days each.

Name of School	Dates Employed (mm/dd/yy – m/dd/yy)	Total Number of Days	Subjects Taught

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 any change in my status.

Signature of Borrower: _____ Date: _____

Certification/Verification of Employment (Only the District Personnel Director is authorized to sign):

District Name:			
District Street Address:			
District City:	District State:	District Zip:	District Phone:

I certify that the schools listed above are public elementary or secondary schools or schools operated by the State of South Carolina. I certify that the Borrower was employed as a long term substitute teacher in this district during the periods listed above.

Signature of Certifying Official (required) _____ Date _____

Printed Name of Certifying Official _____

Title of Certifying Official _____