

SC Teaching Fellows Request for Loan Cancellation and Deferment

Contact / Basic Information

Last Name:	First Name:	Middle Name:	Social Security Number:
Any Other Name on Records:			
Mailing Address:			
City:	State:	Zip:	Email:
Telephone:	Teaching Fellows Institution(s) attended (undergraduate):		Graduation Date (MM/YYYY):
Received SC Certification: Yes No	Date Received:	Areas Certified In:	

Employment Information – Cancellation & Deferment

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

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 (One completed academic year of teaching for cancellation of one year of Teaching Fellows funding received): ***Please note the dates of the completed academic year of service. You should only enter dates below when the year of service has been completed.***

Employment Period for DEFERMENT (Upcoming/current academic year): Enter the dates of the upcoming/current year to verify you are still teaching and are expected to complete at least 152 days of service during the period listed below. This ensures your loan remains deferred while you are working towards another year of Cancellation.

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

(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 and will begin to repay my loan immediately.

Signature of Borrower: _____ Date: _____

Certification/Verification of Employment

***** PLEASE HAVE YOUR DISTRICT HR OFFICE COMPLETE THIS SECTION *****

School Where Above Person Is/Was Employed:	District Name:		
District Street Address:			
District City:	District State:	District Zip:	District Phone:

I certify that this is a public elementary or secondary school or a school operated by the State of South Carolina. For Cancellation, I certify that the Borrower was employed Full-Time in this district and **fulfilled a minimum of 152 days of service** for the academic year specified above. For Deferment, I certify that the Borrower is currently employed Full-Time in this district and is **expected to fulfill a minimum of 152 days of service** for the academic year specified above.

Signature of Certifying Official (required) _____ **Date** _____

Printed Name of Certifying Official _____

Title of Certifying Official _____