

SC Teaching Fellows Request for Loan Cancellation and Deferment

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):
Received SC Certification: Yes No	Certificate Number:	Areas Certified In:	

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 *****

Please complete the following in order to certify this individual's eligibility for loan forgiveness.
Only the listed positions are eligible. Teacher aides / teacher assistants are not eligible.

- The school listed above is a **public** elementary or secondary school or a school operated by the State of South Carolina. Yes No
- This individual was a full-time teacher, media specialist, school counselor, school psychologist, school social worker, or speech pathologist in 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, school counselor, school psychologist, school social worker, or speech pathologist for the **deferment period** listed above. Yes No N/A (No deferment dates entered)

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 / 525 Eden Terrace/
Rock Hill, SC 29733 / Email: teachingfellows@cerra.org / Questions? Contact us at 803.323.4032**