



**FEDERAL PERKINS LOAN PROGRAM  
DEFERMENT / CANCELLATION REQUEST FOR:  
PROVIDER OF EARLY INTERVENTION SERVICE, PROVIDER IN A CHILD OR  
FAMILY SERVICE AGENCY OR SPEECH LANGUAGE PATHOLOGIST**

First Name: _____	Last Name: _____
SID: _____	Last 4 Digits of SSN: _____
Current Mailing Address: _____	Phone #: _____
City, State, ZIP: _____	Email*: _____
<b>ECSI School Code:</b> _____	<b>College/University Name:</b> _____

\*You will be contacted at this email address if form is incomplete

**To be completed by applicant**

I declare I am/was employed as:

\_\_\_\_\_ A provider of early intervention services to infants & toddlers with disabilities (birth to age two) in a public or non-profit program under public supervision.

\_\_\_\_\_ A provider in an eligible public or private non-profit child or family service agency providing or supervising the provision of services directly & exclusively to both **high-risk children** and the families of such children who are from low-income communities. **(Services provided to adults must be secondary to services provided to high-risk children)\*\***

\_\_\_\_\_ A speech language pathologist with a master’s degree working exclusively for specified low-income schools. **(You must provide documentation evidencing your master’s degree)**

I am requesting:

\_\_\_\_\_ **Deferment** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as I anticipate completing one full year of service

\_\_\_\_\_ **Cancellation** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as I have completed one full year of service

Start Date of Employment: (mmddy) \_\_\_\_\_: Are You Still Employed? Yes\_\_\_ No\_\_\_ : End Date of Employment \_\_\_\_\_

**Declaration:** I declare all information provided in this request to be accurate and true. I will notify ECSI and/or my lending institution immediately of any change in my employment status and begin payment if required.

**Signature of Borrower:**

\_\_\_\_\_  
Signature Date

*\*An employer-certified job duties description must be attached, except for teachers in a designated low-income school.*

**To be completed by employer**  
*By signing below, I certify that the above information is true and correct.*

Employer’s / Company’s Name:	_____
Name & Title of Authorized Official:	_____
Signature & Date of Authorized Official (stamp unacceptable)	_____
Telephone #:	_____
Address:	_____
City/State/Zip Code:	_____

*\*This form will not be returned to borrower if incomplete – please check your account status online to see if your request has been approved.*

*\*\*If employer does not have an official stamp or seal available, please attach a typed and signed letterhead certification by the employer verifying full-time and hire date of employment. An official job description is required verifying you are working directly with high risk, low income children. "Additional information may be required to determine eligibility."*

**Place Official Seal or Stamp Here  
(Notary seal not acceptable)**

Mail Form to: ECSI 181 Montour Run Road Coraopolis, PA 15108

**Part III for Office Use Only:**  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_