



**FEDERAL PERKINS LOAN PROGRAM
DEFERMENT / CANCELLATION REQUEST FOR:
HEAD START STAFF-MEMBER; PRE-K OR CHILD CARE PROGRAM STAFF**

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

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

To be completed by applicant

I declare I am/was employed **FULL TIME** as:

_____ A staff-member in the educational part of a preschool program under Head Start

_____ A staff-member in a pre-K or childcare program licensed or regulated by the state.

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

(Employment Dates Must Equal One Year)

Start Date of Employment: (mmddyy) _____; 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, hire date of employment & job description. "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:** _____