Tennessee Tech University

Early Childhood Education Cancellation Form

Please return this form immediately. Incomplete forms will not be accepted.

Borrower Information

Name	
Address	
Email Address	
Account Number	
Day Phone / Evening Phone / Cell Phone	

Mail this form to:

Tennessee Tech University

Loan Accounting

PO Box 5037

Cookeville, TN 38505

Section 1: Perkins Cancellation Type

This is to certify that I am requesting cancellation for service in an Early Childhood Education Program.

I hereby apply for cancellation of a portion of my Federal Perkins Loan(s). I am a full-time staff member in the educational component of a Head Start program, or a full-time staff member in a pre-kindergarten or child care program that is licensed or regulated by the State. The program must be operated for a period comparable to a full school year and must pay a salary comparable to an employee of a local educational agency.

For each completed year of service in an Early Childhood Education Program, a portion of this loan will be canceled at the rate of 15 percent of the original principal loan amount.

Section 2: Certification Period

Please complete all of the following that apply:

Employment Start Date		Employment End Date	

Section 3: Borrower Signature

☐ I will also be employed next year.

I declare that the information above is true and correct. I further declare that I will notify Tennessee Tech University immediately upon any change in my status.

Borrower Signature		Date	

Section 4: Certification by School, Agency, or Institution

I certify that the information stated above is true and correct.

Name of Employer	
Employer Address	
City / State / ZIP	
Phone	
Signature of Authorized Official and Date	

This form must be stamped with the organization's seal or stamp, or letterhead must be sent stating that no seal or stamp is available.

For Institutional Use Only

% Canceled	Canceled Amount ($)	Official Name	Date	Official Name	Date