BOSTON COLLEGE

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Instructions to Applicant: The Applicant always completes sections A, B, and C. Section D is only completed once the cancellation benefit is earned upon completion of a full academic year postponement of payment period. Once you have completed your sections, deliver the form to your Principal or a verification specialist in your Human Resources office for completion of sections E and F.

Instructions to Employer: The Employer completes sections E and F of this form. Your employee (the applicant) is hereby applying for a Federal Loan benefit based on the fact that he/she is a full-time teaching professional as defined in the statement above.

| | , | 01 | | |
|------------------------------|----------------|-----|----------------------------|--|
| section a | | | | |
| Borrower's Name | | | BC Fagle ID Number or Last | Four Digits of Your Social Security Numl |
| Borrower 3 Ivanie | | | De Lagic 1D Number of Last | Tour Digits of Tour Social Security Number |
| Home Address | | | | |
| City | State | Zip | Cell Phone | Residence Phone |
| Job Title | | | Email Address | |
| section b | | | | |
| Name of School Where Applic | ant Teaches | | | |
| Address of School Where Appl | licant Teaches | | | |
| City | State | Zip | School Tele | ephone Number |
| | | | | |

IMPORTANT: Partial cancellations are only provided after successful completion of a full academic year postponement of payment period, or its equivalent, at which time you will submit a second form with Section D completed.

section c

| 1. | This is the first time I am applying for a postponement of payment for the school named in Section B |
|----|--|
| | ☐ Yes ☐ No |
| | If you answered yes, you are required to submit a hire letter or contact copy for your position. |

- 2. I anticipate that I will complete a full academic year of employment in the school named in Section B and thereby qualify for the cancellation that follows my postponement of payment.

 ☐ Yes ☐ No
- 3. My official first day of full-time employment as a teaching professional with this school was or will be:

| 1. | Is this organization a public or private non-profit elementary/secondary school? ☐ Yes ☐ No |
|----|--|
| 2. | If the applicant works for a private academy, has the academy established its non-profit status with the Internal Revenue Service and is the academy providing elementary and/or secondary education according to state law? |
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