



Oregon State  
UNIVERSITY

Oregon State University

P.O. Box 1086

Corvallis, Oregon 97339-1086

Telephone: 541-737-3778 Fax: 541-737-4099

E-Mail : Student.Loans@oregonstate.edu

## EMPLOYMENT SERVICE CANCELLATION PRIVILEGES FOR FEDERAL PERKINS LOAN

The National Defense Education Act and subsequent amendments provide for partial or full cancellation of Federal Perkins Loans. Borrowers who perform certain services explained below may qualify for cancellation benefits. Note: If the employment for which you are requesting deferment/cancellation is not included as a cancellation provision in your promissory note, then the deferment start date must be October 7, 1998 or after.

### SERVICE AS A LAW ENFORCEMENT OR CORRECTIONS OFFICER

To be eligible for this type of cancellation, the borrower must be a full-time employee of a publicly-funded local, state or Federal agency, and a sworn officer or person whose principal responsibilities are unique to the criminal justice system and are essential in the performance of the agency's primary function. Principal activities of the agency include, but are not limited to, police efforts to prevent, control, or reduce crime or to apprehend criminals; activities of courts and related agencies having criminal jurisdiction; activities of corrections, probation, or parole authorities; and problems relating to the prevention, control, or reduction of juvenile delinquency or narcotic addiction. Agencies that are primarily responsible for enforcement of civil, regulatory, or administrative laws are ineligible. Individuals whose official responsibilities are supportive, such as those that involve typing, filing, accounting, office procedures, purchasing, stock control, food service, transportation, or building, equipment or grounds maintenance are not eligible regardless of where these functions are performed. Also, a borrower employed as a public defender does not qualify for cancellation benefits under this provision.

### FULL-TIME EMPLOYMENT AS A NURSE OR MEDICAL TECHNICIAN

To qualify for this type of cancellation, the borrower must be a full-time nurse or medical technician providing health care services.

**Nurse.** A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.

**Medical Technician.** An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services; an allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.

### PROVIDING OR SUPERVISING THE PROVISION OF SERVICES TO HIGH-RISK CHILDREN

To qualify for this type of cancellation, the borrower must be a full-time employee of an eligible public or private nonprofit child or family service agency who is providing or supervising the provision of services to both **high-risk children** who are from **low-income communities** and the families of such children.

A borrower must be providing services **only** to high-risk children who are from low-income communities. The borrower may also be providing services to adults, but these adults must be members of the families of the children for whom services are provided. The services provided to adults must be secondary to the services provided to the high-risk children. The Department of Education has determined that an elementary or secondary school system or a hospital is not an eligible employing agency.

**High-risk children.** Individuals under the age of 21 who are low-income and at risk of abuse or neglect have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system.

**Low-income communities.** Communities in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended.

### QUALIFIED PROFESSIONAL PROVIDER OF EARLY INTERVENTION SERVICES

To qualify for this cancellation, the borrower must be a full-time qualified professional provider of early intervention services in a public or other nonprofit program under public supervision.

**Early intervention services.** Those services defined in section 672(2) of the Individuals with Disabilities Education Act that are provided to infants and toddlers with disabilities.

**Qualified professional provider of early intervention services.** A provider of developmental services, as defined in section 672(2) of the Individuals with Disabilities Education Act, which defines developmental services as those services that are provided under public supervision; are provided at no cost except where federal or state law provides for a system of payments by families, including a schedule of sliding fees; are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas: physical development, cognitive development, language and speech development, psychosocial development, or self-help skills; meet the standards of the state, including the requirements of this part; include: family training, counseling, and home visits, medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; and health services necessary to enable the infant or toddler to benefit from the other early intervention services; are provided by qualified personnel, including special educators, speech and language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, nutritionists; and are provided in conformity with an individualized family service plan adopted in accordance with Section 677 of the Individuals with Disabilities Education Act.

**Two forms are required each year. A deferment form should be submitted at the beginning of the service year and a cancellation form at the end of that year's service. Please notify the Student Loan Office if your employment status should change.**

**The loan is cancelled at the rate of 15% of the original loan amount for the first and second year of qualification, 20% for the third and fourth year, 30% for the fifth year, to a maximum of 100% of the total loan.**

# FEDERAL PERKINS LOAN

## Employment Services Deferment Request

FOR DEFERMENT ONLY – NOT FOR CANCELLATION

File this form with Oregon State University, Student Loan Office at the beginning of each year of full-time service. If you are eligible for cancellation privileges, you will be notified and your payments will be deferred. At the end of your service year, a cancellation form will be sent to you. If you have been employed full time for a complete year, a portion of your loan will be cancelled.

### PART I – TO BE COMPLETED BY BORROWER

NAME OF BORROWER		SOCIAL SECURITY NUMBER	
STREET		TELEPHONE NUMBER ((HOME)	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (WORK)
NAME OF ORGANIZATION WHERE EMPLOYED		JOB TITLE AND DESCRIPTION OF DUTIES (Attach job description)	
ADDRESS			
CITY AND STATE			
EMPLOYMENT YEAR STARTNG (MO/YR)	EMPLOYMENT YEAR ENDING (MO/YR)		
CHECK APPROPRIATE BOX. (Explanation on back of this form)			
<input type="checkbox"/> SERVICE AS A LAW ENFORCEMENT OR CORRECTIONS OFFICER <input type="checkbox"/> EMPLOYMENT AS A NURSE OR MEDICAL TECHNICIAN <input type="checkbox"/> PROVIDING OR SUPERVISING THE PROVISION OF SERVICES TO HIGH-RISK CHILDREN <input type="checkbox"/> QUALIFIED PROFESSIONAL PROVIDER OF EARLY INTERVENTION SERVICES			
I declare that I am presently employed full-time as stated above. I further declare that I expect to continue working for the next 12 months. I understand and agree that if for any reason whether through my own doing or because of events beyond my control, I do not complete a full year of service, I will immediately notify Oregon State University.			
SIGNATURE OF BORROWER			DATE

### PART II – TO BE COMPLETED BY SUPERVISOR

NAME OF ORGANIZATION	
ADDRESS	TELEPHONE
I certify that the above statements concerning employment service are correct.	
SIGNATURE AND TITLE OF SUPERVISOR	DATE

### PART III – TO BE COMPLETED BY OSU LOAN OFFICER

<input type="checkbox"/> APPROVED      DATES: From _____ To: _____ <input type="checkbox"/> DISAPPROVED      REASON FOR DISAPPROVAL _____	
SIGNATURE OF LOAN OFFICER	DATE

RETURN COMPLETED FORM TO ADDRESS BELOW

OREGON STATE UNIVERSITY  
 STUDENT LOAN OFFICE  
 P.O. BOX 1086  
 CORVALLIS OR 97339-1086