Deferment Application for Partial Cancellation

*Only Federal Perkins loans are eligible. Part I - Personal Information

Name of Borrower			PSU ID		SSN (last 4 digits)	
					XXX-XX	
Address				Name of Lending Institution:		
				The Pennsylvania St	ate University	
(Street Name and Number)		Apt.#		Student Financial Se	rvices	
				108 Shields Building		
City	State	Zip Code		University Park, PA 1	6802	
			Contact us:	http://www.sfs.psu	<u>ı.edu</u>	
Phone No. ()	-		Phone No. (8	14) 865-0461 option 3	Fax No. (814) 865-6535	

Part II - Type of Cancellation

I request consideration for the following cancellation type (Please check selected cancellation type)						
Teaching Low-Income Students		Law Enforcement/Correction Officer				
Child or Familiy Services Agency		Nurse/Medical Technician				
Headstart Program		Peace Corp				
Handicapped/Special Education		Military				
Fire Fighter		Lawyer Employed by a Public Defender Organization				
Librarian		Staff in a Pre-Kindergarten or Child Care Program				
Speech Language Pathologist		Faculty Members at a Tribal College or University				
Mathematics, Science, Foreign Languages, Bilingual Education		Early Intervention Service Provider				

Part III - Employment Information

Full Name of Employer		
(Street)		
(City)	(State) (Zip)	
(County/School District)	(Phone Number)	
Start Date	Age Level (if applicable)	
	Description of Duties (attach an additional sheet if necessary)	
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Please note this is only an application for cancellation. Your cancellation eligibility will be determined based on the information provided on this form. If your application has been approved, a separate cancellation form will be sent to you. At that time you will need to complete the cancellation form in full and return it to our office by the date specified on the form. Upon receipt of the completed cancellation form, your cancellation will be processed. If eligible, this application will defer your loan until your cancellation is processed.