

NORTH DAKOTA UNIVERSITY SYSTEM

STUDENT LOAN SERVICE CENTER

Dept 3180 P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Phone Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551
Web: <http://www.slscondus.com> E-mail: ndus.slscc@ndus.nodak.edu

REQUEST FOR CANCELLATION OF PERKINS LOAN ♦ EMPLOYEE OF CHILD OR FAMILY SERVICE AGENCY FOR SERVICES PROVIDED TO HIGH RISK CHILDREN

(High Risk Children are individuals under the age of 21 who are low-income or 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.)

PART I - TO BE COMPLETED BY THE BORROWER:

BORROWER'S NAME (print) _____ SSN: _____

HOME ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE #: (____) _____

JOB TITLE _____

JOB DESCRIPTION _____

NAME OF SERVICE AGENCY _____

ADDRESS OF AGENCY: _____

CITY/STATE/ZIP _____ TELEPHONE #: (____) _____

____ A. I Request for postponement (if payment is due prior to completion of 12 months of service).

____ B. I Cancellation for service as Family Service Agency Employee as certified below (if you have completed 12 months of full-time service).

Period of Employment or Service: Beginning _____/_____/_____ Ending _____/_____/_____
month day year month day year

If applying for cancellation for the year just ending, also check below if you intend to complete another 12 months of employment:

____ I intend to complete another year of employment to _____/_____/_____ (date).

BORROWER'S SIGNATURE

DATE

PART II - TO BE COMPLETED BY THE EMPLOYER:

Yes No

1. Is this organization a public or private non-profit child or family service agency?

Yes No

2. Is the employee a full-time employee? If yes, when did full-time employment begin? _____.

Yes No

3. Is your employee providing or supervising the provision of service to high risk children (as defined above)? (The employee may also be providing services to adults, but these adults must be members of the families of the children for whom services are provided and the services provided to adults must be secondary to the services provided to the high risk children.)

Yes No

4. Are the children the primary clients of the employee? If yes, what percent of the employees clients are children/youth under the age of 21? _____%

5. What is your employee's job title? _____

(Attach Official, Detailed Job Description)

NAME AND TITLE OF CERTIFYING OFFICIAL

(____) _____
TELEPHONE NUMBER

SIGNATURE OF CERTIFYING OFFICIAL

DATE