

Application for Service Cancellation

HEALTH, SCIENCE, AND MATHEMATICS PROGRAM



SECTION 1: Borrower Request for Service Cancellation of Loan *(please print in ink or type)*

Name: _____	Social Security No.: XX – XXX – _____
Address: _____	Phone: () _____
City: _____	State: _____ Zip Code: _____
I received funding through the Health, Science, and Mathematics program and propose to practice at the location designated below to repay my scholarship loan. I am working full-time in a designated shortage area or county as a:	
<input type="checkbox"/> Teacher <input type="checkbox"/> Allied Health <input type="checkbox"/> Other: _____	
Position Title: _____	Employer Name: _____
Job Site Address: _____	County: _____
I request that my repayment obligation to the State of North Carolina be cancelled through service. I authorize my employer to provide information to the SEAA about the dates of my employment, the position I hold, and my full-time status as needed to qualify for service cancellation of my loan(s). I understand that I am required to work full-time in North Carolina in a designated shortage area or county in order to qualify for service cancellation.	
_____ Signature of Borrower	_____ Date (MM/DD/YYYY)

SECTION 2: Certification of Employment

To be completed by Human Resources	
I certify that the above named employee began working full-time on: _____ Date (MM/DD/YYYY)	
If applicable, full-time employment ended: _____ Date (MM/DD/YYYY)	
The above named has worked continuously on a full-time basis since the above stated date of employment began? <input type="checkbox"/> No* <input type="checkbox"/> Yes	
*If no, please attach explanation and include dates of the absence.	
Employee Position Title: _____	
I attest that the foregoing information is true and correct to the best of my knowledge.	
_____ Signature of Official	_____ Date (MM/DD/YYYY)
_____ Name and Title (Please print or type)	() _____ Telephone Number

Please direct questions Repayment Services at 1(919) 549-8614 or 1(800) 700-1775, option # 2.

RETURN THIS FORM TO: SEAA, PO Box 14223, Research Triangle Park, NC 27709