

LNFVGAP
Loan Forgiveness Application

NCSEAA Loan Forgiveness Programs



SECTION 1. Borrower Request for Loan Forgiveness

Name: _____ NCSEAA PID#: _____
Address: _____ Phone#: (____) _____
(PO Box, Street)

City State Zip Code
Email: _____
Loan Program Name: _____
(Name of loan you received from the NCSEAA.)
Employer Name: _____
Employer Address: _____
Position Title: _____ Full-time Half-time Part-time

I request my obligation to the State of North Carolina be repaid through loan forgiveness. I authorize my employer to provide information to the NCSEAA about the dates of my employment, the position I hold, and my full-time/part-time status as needed to qualify for loan forgiveness of my NCSEAA loan.

Signature of Borrower _____ /_____/_____
Date (MM/DD/YYYY)

SECTION 2. Certification of Employment *(To be completed by human Resources or an authorized official)*

Start date of Employment: ____/____/____ Type: Full-time Half-time Part-time
Date (MM/DD/YYYY)

End date of Employment: ____/____/____ Type: Full-time Half-time Part-time
(If applicable) Date (MM/DD/YYYY)

Was there any unpaid leave of absence during this period? No Yes*
***If yes, please attach explanation and include dates of absence(s).**

Employee's Position Title: _____
If an Educator: Subject taught: _____
If a Nurse: LPN RN FNP CRNA Nurse Educator Other _____

I attest the foregoing information is true and correct to the best of my knowledge.

Signature of Official _____ /_____/_____
Date (MM/DD/YYYY)

Name and Title (Please type or print)

Name of Employing Agency _____ Telephone Number _____

Mailing Address (PO Box, Street) _____ City _____ State _____ Zip Code _____

Please direct questions to Repayment Services at (919) 549-8614, ext 4654 or (800) 700-1775, ext 4654.
RETURN THIS FORM TO: SEAA, P O Box 14223, Research Triangle Park, NC 27709-4223