

Application for Service Cancellation

NURSING SCHOLARSHIP LOAN PROGRAMS



North Carolina State Education
Assistance Authority

Borrower received funding through: NSP MNSP NESLP NET

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

Name: _____ Social Security No: x x x - x x -

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

I certify that I am eligible for service cancellation of my Nurse Loan Program award.

I am working full-time half-time less than half-time as a
 Registered Nurse Licensed Practical Nurse Nurse Educator

I took the NCLEX on: _____ My license expires: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Employer Name: _____

I request that my repayment obligation to the State of North Carolina be cancelled through nursing 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/part-time status as needed to qualify for service cancellation of my loan(s).

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

SECTION 2: Certification of Employment

To be completed by Human Resources

I certify that the above named nurse began full-time half-time less than half-time as a
 Registered Nurse Licensed Practical Nurse Nurse Educator on _____
Date (MM/DD/YYYY)

If applicable, full-time half-time employment ended _____
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 the absence(s).

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 Type or Print) _____

Name of organization/agency _____ Telephone number _____

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

Please send the completed form to the attention of "NCSEAA - Repayment Services" using the contact information below.

