

# Application for Service Cancellation

TEACHING SCHOLARSHIP LOAN PROGRAMS



## 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 \_\_\_\_\_

Borrower received funding through:  PTSL  TASL  PEC  MTSLP  FTNC

I certify that I am eligible for service cancellation of my Teaching Scholarship Loan award.  
I am working full-time as a:

Certified Teacher  Teaching Assistant  Special Services Professional  Coach  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

I request that my repayment obligation to the State of North Carolina be cancelled through service. I understand that I am required to teach , teach and coach, or work as a special services professional full-time in a North Carolina public school for one full year for every year of funding received.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

## SECTION 2. Certification of Employment (To be completed by the Principal/ Superintendent)

I certify that the above named employee began full-time employment on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

Full-time employment ended (if applicable) on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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).

Position Title \_\_\_\_\_ Subject(s) taught: \_\_\_\_\_

**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 Educational Agency

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (PO Box, Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please direct questions to Repayment Services at 1(919) 549-8614 or 1(800) 700-1775, option#2.  
**RETURN THIS FORM TO: SEAA, P O Box 14223, Research Triangle Park, NC 27709**