

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 \_\_\_\_\_

\_\_\_\_\_  
Employer Email Address

Please direct questions to Repayment Services at (800) 700-1775, Option 1 **RETURN THIS FORM TO: REPAY@NCSEAA.EDU or UPLOAD TO MYPORTAL.NCSEAA.EDU. INCOMPLETE FORMS ARE DENIED.**