

REQUEST FOR DEFERMENT AND/OR CANCELLATION NEXT GENERATION HOOSIER EDUCATORS SCHOLARSHIP

State Form 56827 (R3 / 5-21) INDIANA COMMISSION FOR HIGHER EDUCATION

INSTRUCTIONS:

- Please forward completed form and requested supporting documents to the Indiana Commission for Higher Education at NextTeacher@che.in.gov.
- If you have any questions about your deferment or cancellation, please contact the Commission's Financial Aid Support Center at NextTeacher@che.in.gov or 1-888-528-4719. If you have questions about repayment, please contact ECSI at 1-888-549-3274.
- 3. Before sending your application, verify that:
 - The form is filled out completely. All sections are required.
 - A typed and signed letterhead certification by the employer verifying the employment, start date, and end date (if applicable) must be submitted.
 - An employer-certified job duties description is included.

NOTE: Applications are typically processed within ten (10) business days. You will be notified of the status of your cancellation/deferment via e-mail using the address provided in Section 2 of this form.

Section 1 - Information

A cancellation/deferment may be available if you are employed as a teacher at an eligible elementary, middle, or high school in the state of Indiana.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is loan forgiveness. Following a year of service in one of the roles listed above, a portion of your Next Generation Hoosier Educators Scholarship balance may be cancelled. Cancellation rates are as follows:

1st year of service: 20% cancellation 2nd year of service: 20% cancellation 3rd year of service: 20% cancellation 4th year of service: 20% cancellation 5th year of service: 20% cancellation

5th year of service: 20% cancellation				
Complete this form prior to your first year of sendeferment to request a deferment and a cancell		er that, complete this for	m each year on th	ne anniversary of your original
Section 2 – Borrower Identification				
Last name	First name		Middle initial	Last 4 digits of Social Security Number
Current mailing address (number and street, city, sta	te, and ZIP code)			1
Telephone number	E-mail address			
	Section 3 – Empl	oyment Information		
I am/was employed as a teacher at an eligible	Indiana elementary, middle, o	r high school.		
Name of employer				
Start date of employment (month, day, year)	Are you still employed?	☐ Yes ☐ No	If No, end da	te of employment (month, day, year)
	Section 4 – Emp	oloyer Certification		
This Section must be completed by your employment, end date of employment (if applied		ed letterhead certification	n by the employe	r verifying employment, start date of
Name of employer				
Address (number and street, city, state, and ZIP code	e)			
Name of authorized official	Title of authorized	official		Telephone number
Signature of authorized official	1			Date signed (month, day, year)
	Section 5 – Borrower Cer	tification and Authoriz	zation	-
I understand that this request will not be grante	ed unless all applicable section	ns of the form are compl	eted and request	ed documents are submitted.
I certify that the information I have provided on				
, and and and and and provided on		p. c	, ut	ou, oupport in y oon and ou

I certify that the information I have provided on this form is true and correct. I will provide additional documentation, as required, to support my continued deferment/cancellation status. I will notify ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end. I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature of borrower Date signed (month, day, year)