

William M. Mackie, Jr. Interstate Center • 16 Berryhill Rd. • Suite 210 • Columbia, SC 29210
www.scstudentloan.org • 800-347-2752 • 803-798-0916

**S. C. Teachers Loan and Governor's Teaching Scholarship
Confirmation Form**

SSN _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Subject: _____ School: _____

District: _____ *Please Note: The appropriate loan forgiveness will be made to your
S.C. Teachers Loan once this form is received in our office.

TO BE COMPLETED BY DISTRICT PERSONNEL OFFICER OR DISTRICT SUPERINTENDENT

SECTION I: In order to certify this individual's eligibility for loan forgiveness, please certify the appropriate statement listed below: (Please Note: Teacher's Aides are not eligible and should not be certified.)

School year starting: _____ School year ending: _____

The above named individual taught full-time at the school stated above: # of days taught: _____

The above named individual did not teach on a full-time basis during the past school term.
The individual: taught part-time for a total of _____ days. (If less than full days, what portion? _____)
 substituted for a total of _____ days.

The above named individual was not employed at the school stated above during the past school term.

Is the school named above public? Yes No

SECTION II: Has the named individual renewed his/her contract for the coming year?

If yes, please provide the information below.

• School: _____

• Subject: (Please DO NOT use codes) _____

If no, please give the date his/her last contract ended: _____

• Additional Comments: _____

SECTION III:

Signature: _____ Date: _____

Title: _____ Phone Number: _____

Address: _____

PLEASE RETURN TO THE REPAYMENT SERVICES ADDRESS AT TOP OF PAGE