SOUTH CAROLINA Student Loan

SC Teachers and Career Changers Loan Request for Deferment and Forgiveness

Last Name	First Name	MI	Social Security #
Mailing Address (□ check here if updated address is provided)		Telephone	
City	State	ZIP	Email

Employment Information - Deferment and Forgiveness		
Name of School (Where employed during deferment/forgiveness periods listed below)		School District
Job Title	Subjects Teaching	School Telephone

Instructions for entering Deferment Request and/or Forgiveness Request Dates of Employment:

First Year Teachers: Complete Section A only.

If you will be teaching for the first time during the upcoming year, you must submit this form at the beginning of your first year of teaching, but you will only need to complete the Deferment Request section.

All others: Complete both Sections A and B.

Both of the below sections (Deferment and Forgiveness) must be completed if you taught during the past year and plan to teach during the upcoming year. The completed form must be submitted at the end of each year of teaching to request Forgiveness of SC Teachers/Career Changers Loan Program funds and to request Deferment for the upcoming academic year (notifying us that you have a position for the upcoming year and will again be teaching).

Section A	Section B
DEFERMENT Request Dates of Employment: Enter the dates of the upcoming academic year to certify you are under contract and are expected to complete a year of teaching service. (MM/YYYY) _____ to (MM/YYYY) _____	**FORGIVENESS Request Dates of Employment:** Enter the dates of the completed year of teaching service to request loan forgiveness for your service. (MM/YYYY) _____ to (MM/YYYY) _____

Borrower Certification: I certify that the information shown above is true and accurate. I certify that I will notify SCSLC immediately upon change in my employment status. If at the end of the employment contract year I am determined to be ineligible for forgiveness, I agree that the interest that has accrued may be capitalized (added to the principal balance). As a SC Teachers or Career Changers Loan Program recipient , if I am not eligible for forgiveness, but I am teaching full-time in the SC public school system, I authorize SCSLC to reduce my interest rate two percentage points below the rate agreed to in my Promissory Note.

Signature of Borrower: _____ Date: _____

CERTIFICATION OF EMPLOYMENT ** To Be Completed by District Personnel Officer or Superintendent**

Please complete the following in order to certify this individual's eligibility for loan forgiveness.

a.) The school listed above is a public elementary or secondary school operated by the State of South Carolina. ☐ Yes ☐ No

b) The above named individual completed 152 days or more of service during the forgivness period listed above. ☐ Yes ☐ No
If no, list the number of days completed: _____ (If less than full days, what portion? _____)

☐ The above named individual was not employed at the school stated above during the employment period noted above.

c) The subject area taught in item b above is: _____

d) The above named individual has a contract as a full-time teacher for the deferment period listed above. ☐ Yes ☐ No
If no, please provide the date his/her last contract ended: _____

Signature of Certifying Official (required)	Date
Printed Name of Official	Title
District Office Address	Phone number

Return to: SCSLC
PO Box 8509 Columbia SC 29202

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