

Child or Family Service Agency Employee Addendum

Part 1-To Be Completed By Borrower

Borrower Name (Last, First, Initial):	Account Number:	Social Security Number:
Address:	City:	State:
	Zip:	Telephone Number:

Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment at a Child or Family Service agency. In order for a cancellation request to be honored the employer must respond to the following questionnaire.

	Yes	No
1 Is the above referenced borrower employed with your agency?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is borrower a full-time employee?	<input type="checkbox"/>	<input type="checkbox"/>
3 Please indicate borrower's job title_____.	<input type="checkbox"/>	<input type="checkbox"/>
4 Borrower's full-time employment start date_____end date (if applicable)_____	<input type="checkbox"/>	<input type="checkbox"/>
5 Is your agency a public or private non-profit child or family service agency that is providing or supervising the provision of services to both high-risk children who are from low-income communities and the families of such children? Please note: High-risk children are defined as individuals under the age of 21 who are low-income and at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system. Please note: Low-income communities are defined as communities in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended.	<input type="checkbox"/>	<input type="checkbox"/>
6 Does borrower provide or supervise the provision of services to high-risk children and families of such children?	<input type="checkbox"/>	<input type="checkbox"/>
7 If the answer to question 6 is yes, please indicate the percentage of children and families of such children served who are high-risk _____%.	<input type="checkbox"/>	<input type="checkbox"/>
8 Does borrower provide or supervise the provision of services only to children and families of such children who are from low-income communities ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are adults served members of the families of the children for whom services are provided?	<input type="checkbox"/>	<input type="checkbox"/>
10 Are services provided to adults secondary to the services provided to the high-risk children?	<input type="checkbox"/>	<input type="checkbox"/>
11 Is borrower employed by a elementary or secondary school system or a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
12 A copy of the borrower's job description must accompany this form. Is a job description enclosed?	<input type="checkbox"/>	<input type="checkbox"/>

Certification By Employer. I certify that the information stated above is true and correct.

Certifying Organization:	Signature of Authorized Official:	
Telephone No:		
Address:	Title:	Date Signed:
State: Zip:	Form may be faxed to: (517) 353-9640	Please return to: Michigan State University 140 Administration Building East Lansing, MI 48824-0110