

## Head Start Cancellation 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 as a staff member in the educational part of a preschool program carried out under the Head Start act. In order for a cancellation request to be honored, their 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 <b>full-time</b> employment start date _____ end date (if applicable) _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Is the borrower employed as a staff member in the educational part of a preschool program carried out under the Head Start Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Does your program operate for a full academic year (or its equivalent)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Is the borrower's salary less than that of a comparable employee working in the local educational agency?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Has an authorized official of the Head Start Program signed the cancellation form and this Cancellation Addendum?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 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 an Authorized Official of Head Start. I certify that the information stated above is true and correct.**

|                          |   |   |
|--------------------------|---|---|
| Certifying Organization: | Signature of Authorized Official:               |   |
| Telephone No:            |   |   |
| Address:                 | Title:  | Date Signed:  |
| Telephone No:            |   |   |
| State: Zip:              | <b>Form may be faxed to:<br/>(517) 353-9640</b> | <b>Please return to:<br/>Michigan State University<br/>140 Admin Bldg.<br/>East Lansing, MI 48824</b> |