

Early Childhood Education Cancellation Addendum (Formerly 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 staff member? Note that a full-time staff member is someone who is regularly employed in a full-time capacity to carry out the educational part of a Head Start program. | <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"/> |
| Note that as of July 28, 2009 all borrowers are eligible for service that includes August 14, 2008 or begins on or after that date. | | |
| <p>A prekindergarten program is a state-funded program that serves children from birth through age six and addresses the children's cognitive (including language, early literacy, and early mathematics) social, emotional, and physical development.</p> <p>A qualifying child care program is licensed or regulated by the State and provides child care services for fewer than 24 hours per day per child, unless care in excess of 24 consecutive hours is needed due to the nature of the parent's work.</p> | | |
| 5 Is the borrower employed as a staff member in a prekindergarten or childcare program, or in the educational part of a preschool program carried out under the Head Start Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Is your organization state-funded? (Prekindergarten program only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Is your organization licensed or regulated by the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Does your program operate for a full academic year (or its equivalent)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Is the borrower's salary less than that of a comparable employee working in the local educational agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Has an authorized official of the Head Start Program signed the cancellation form and this Cancellation Addendum? | <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 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: |
| City: | | | |
| State: | Zip: | Form may be faxed to: (517) 353-9640 | |
| | | Please return to: Loans Receivable Hannah Administration Building 426 Auditorium Rd Rm 140 East Lansing, MI 48824-2602 | |