

**WESTERN KENTUCKY UNIVERSITY
FEDERAL PERKINS LOAN OFFICE
I BIG RED WAY - WAB 48
BOWLING GREEN, KY 42101**

SOCIAL SECURITY NUMBER: _____ LOAN NO: _____

Request for Fedbearance on NDSL/PERKINS LOAN for AmeriCorps Employment

PART I

BORROWER

Name and Address of Borrower: _____

Fedbearance Requested for the period:
 From: Month _____ Year _____
 To: Month _____ Year _____
NOTE: Should you terminate such position prior to the completion of the full term, the accrued interest is immediately due and payable to Western Kentucky University.

This form must be completed and returned in lieu of payment if you are serving in a National Service Position, for which you will receive a National Service educational award under the National and Community Trust Act of 1993.

I hereby certify that I am serving in a National Service Position – as defined in the National and Community Act of 1993 – and will receive a National Service educational award for such at the conclusion of my service. I realize it is my responsibility to return this form properly certified to Western Kentucky University in order to qualify for Fedbearance on my NDSL/PERKINS Loan. I also agree to notify Western Kentucky University immediately if I terminate my position prior to completion of this Fedbearance period stated above.

Signature of Borrower: _____ Date: _____

PART II

CERTIFICATION

Name of Applicant: _____
 Position Title of Applicant: _____
 Name and Address of Employing Agency: _____

 Phone: () _____ Ext: _____

Official Seal or Stamp of
Employment Agency*



*If you do not have an official seal or stamp, please attach a letter of certification on your agency letterhead.

I hereby certify that the above statements concerning qualified service, and its' period, are true and correct.

X _____
Signature of Authorized Official **Title** **Date**

****RETURN COMPLETED FORM TO THE ADDRESS LISTED ABOVE****

PART III

**WESTERN
KENTUCKY
UNIVERSITY**

DO NOT COMPLETE - FOR WESTERN KENTUCKY UNIVERSITY TO PROCESS

AmeriCorps Fedbearance

Approved From: _____ to _____

Denied: _____

Signature of Approving Official **Title** **Date**

