

## Notification of Status

### HOPE Teacher Scholarship Loan Program • PROMISE Teacher Scholarship Loan Program PROMISE II Teacher Scholarship Loan Program

This form must be completed annually and returned within 30 days to the address below. Accounts become repayable in cash, plus interest, if you do not furnish information to document eligibility for service credit or deferral.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Work Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Number: ( \_\_\_\_\_ ) \_\_\_\_\_

#### Teacher Education Site of Employment

3. This is to certify my current employment in the teaching/service position below for service cancellation of my GSFA obligation:

List Teacher Certificate Number: \_\_\_\_\_

I have completed an academic year of Teaching/Service, beginning (date) From: \_\_\_\_\_ To: \_\_\_\_\_

I am employed for an academic year, beginning (date) From: \_\_\_\_\_ To: \_\_\_\_\_

Employing School System/Institution: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMPLOYER'S Certification:** I hereby certify that the individual above is employed in the school system/institution and in the following field:

Subject Area: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teaching Field: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Superintendent

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. I wish to repay my scholarship loan in cash. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You may transfer from cash repayment to service repayment one time only.**

#### Request for Deferment of Payment

5. I am enrolled full-time at: \_\_\_\_\_  
Name of School

Anticipated Graduation Date: \_\_\_\_\_ **Attached is my proof of enrollment.**

6. I am a member of the armed services of the United States (not to exceed four years)

From: \_\_\_\_\_ To: \_\_\_\_\_ **Attached is a copy of my discharge orders from the military.**

**Signature of Recipient:** \_\_\_\_\_ Date: \_\_\_\_\_

**RECIPIENT'S Verification:** I hereby certify that the above information is true and acknowledge my responsibility to indicate the status change as above and notify GSFA of any change in my permanent mailing address or status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to: Georgia Student Finance Authority 2082 East Exchange Place, Suite 120 Tucker GA 30084**

Received By: \_\_\_\_\_ Approved By: \_\_\_\_\_