

Notification of Status

Scholarship for Engineering Education 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: (_____) _____

One Year of Employment

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

I have completed one year (12 months) of service, beginning (date) From: _____ To: _____

I am or will be employed for one year (12 months), beginning (date) From: _____ To: _____

Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

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

Signature: _____ Date: _____

EMPLOYER'S Certification: I hereby certify that the individual above is employed with the company and in the following field:

Service Field: _____

Signature: _____ Date: _____

Personnel Director

Title: _____

Name (Print): _____ Telephone Number: (_____) _____

4. I wish to repay my scholarship loan in cash (explain on reverse side). You may transfer from cash repayment to service repayment one time.

Request for Deferment of Payment

5. I am or will be enrolled for full-time (12 Hours) study at: _____
Name of School

From: _____ To: _____ Anticipated Graduation Date: _____

Please submit an official transcript to verify full-time (12 Hours) of enrollment.

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

From: _____ To: _____

Signature of Recipient: _____ Date: _____

To be completed by REGISTRAR or COMMANDING OFFICER:

I certify that the information provided in Item 5 or 6 above is true and correct.

Signature: _____ Title: _____

_____ Telephone Number: (_____) _____

Name of School or Military Organization

**Please return completed form to: Georgia Student Finance Authority
2082 East Exchange Place, Suite 240
Tucker GA 30084**

Contact GSFA:
1-800-505-GSFC (4732)
Fax: 770-724-9225