

Rider University Science and Technology Center Rm. 336F 2083 Lawrenceville Road Lawrenceville, NJ 08648

Robert Noyce Teacher Scholarship Program - Semi-Annual Request for Cancellation or Deferment

This form is intended to facilitate communication between the Noyce Scholarship recipient and Rider University (and its loan service provider) so that appropriate action can be taken in response to the recipient's circumstances, as indicated below, and pursuant to the terms of the Noyce Scholarship Program. For deferment and cancellation requests, this form needs to be properly completed and submitted at the start of an academic year (by September 15th) and at the end of an academic year (by June 30th).

	CHECK	ALL	THAT	APPLY:
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I am currently fulfilling one of my years of Qualified Teaching Service and request deferment of repayment in anticipation of loan cancellation next year (complete and return this page, and Sections A and B).
I intend to fulfill my Qualified Teaching Service but am not currently employed by a high need educational agency I request deferment of repayment (complete and return this page, and Section A).
I am not completing a year of Qualified Teaching Service because:

I understand that:

- 1. I am obligated to fulfill my Qualified Teaching Service or repay the Noyce Scholarship according to the terms of my promissory note.
- 2. This period of deferment reduces the length of time for me to repay my loan in full, in the circumstance that I fail to fulfill my Qualified Teaching Service.

Cancellation

I have completed one year of Qualified Teaching Service and request cancellation (complete and return this page,
and Sections A and C).

Repayment

I no longer intend to fulfill my Qualified Teaching Service obligation and understand that I am obligated to repay
the Noyce Scholarship according to the terms of my promissory note (complete and return this page and
Section A).

The Noyce recipient is to submit all appropriate sections as one packet to:

Dr. Danielle Jacobs Science and Technology Center Rm. 336F 2083 Lawrenceville Road

Lawrenceville, NJ 08648



2083 Lawrenceville Road Lawrenceville, NJ 08648

Section A – Borrower Contact Information

Please Print or Type:			
Name [include maiden name if different]		Br	onc ID Number/Social Security Number
Address		Chec	ck if new address 🗖
City		State	Zip
Cell Phone	Day Phone (if different)		Evening Phone (if different)
()	()		()
Driver's License Number			
Email Addresses (personal and work)			
Grade Levels and Subject Areas Listed on Teachir	g License/Certificate		
Declaration: I certify that the information above is correct. I understand the terms and conditions of the Robert Noyce Teacher Scholarship Program – Forgivable	Borrower's Signature	_	Date Signed



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Section B – Request for Deferment of Repayment

By providing the following information, you are requesting that repayment be postponed while you are fulfilling a year of Qualified Teaching Service in a high need local educational agency as defined in your promissory note.

This form must be completed, signed, and returned to Dr. Jacobs by September 15th each year of Qualified Teaching Service.

Upon completion of a full year of Qualified Teaching Service, submit Section C – Request for Cancellation after One Year of Qualified Teaching Service, by June 30th of that year.

Along with Section B, please submit Section A.

Please print or type:			
Borrower's Name			
Legal Name of School			
County		School District	
			N N I
City	State	Zip	Phone Number
Borrower's Job Title			
Borrower's Job Title			
Grade Level(s) Taught, Subject Taught for Majority of Cou	urcos Subios	t(s) Taught for Other Cours	200
Grade Level(s) raught, Subject raught for iviajority of Cot	ii ses, subjec	t(s) raught for Other Cours	=5
Borrower's Qualified Employment Period (must be at leas	st one compl	ete academic year and cov	er the requested period of deferment)
Beginning (MM/DD/YYYY)		Ending (MM/DD/YYYY)	ar the requested period of determent,
Borrower's Signature			Date Signed



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Section C – Request for Cancellation after One Year of Qualified Teaching Service

To request cancellation, the following information must be certified by an official of the School or School District:

You may qualify for loan cancellation benefits, if, according to the terms of your promissory note, you are a full-time STEM teacher serving in a high-need local educational agency (district) as defined by the United States Code, Title 42, Public Health & Welfare, Chapter 16, NSF, Section 1862n, Math & Science Educational Partnerships. The high-need local educational agency (district) serves an elementary or secondary school located in an area in which there is: (A) a high percentage of individuals from families with incomes below the poverty line; (B) a high percentage of secondary school teachers not teaching in the content area in which the teachers were trained to teach; or (C) a high teacher turnover rate.

A signed, properly completed and certified request for cancellation must be submitted when you have completed a full year of Qualified Teaching Service, and at the end of each subsequent academic year of Qualified Teaching Service.

Along with Section C, please submit Section A, and, if you are requesting another year of postponement, Section B.

Please print or type:

Part 1 – General Information (to be completed by borrower) Borrower's Name Legal Name of School Address School District **Phone Number** City State Zip Borrower's Job Title Grade Level(s) Taught, Subject Taught for Majority of Courses, Subject(s) Taught for Other Courses Borrower's Completed Qualified Employment Period (must be at least one complete academic year) Beginning (MM/DD/YYYY) Ending (MM/DD/YYYY) Borrower's Signature **Date Signed**



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Part	2 -	Cer	tifi	cation	ì

Part 2 – Certification						
Certifying Official's Name and Job Title						
Name of Organization						
Address						
City	State	Zip	Phone Number			
Which of the following criteria does the school district me	eet to qualify as high-need	d as defined by Ur	nited States Code, Title 42, Public Health &			
Welfare, Chapter 16, NSF. Section 1862n, Math & Science	Educational Partnerships	s (circle all that ap	oply).			
(A) It has at least one school in which 50 percent or mor	e of the enrolled student	s are eligible for p	participation in the free and reduced price			
lunch program established by the Richard B. Russell						
(B) It has at least one school in which—			II a a a da unia a chia ata\ da unat hacea a un			
 more than 34 percent of the academic classroo undergraduate degree with a major or minor in 						
of their classes; or	,					
(ii) more than 34 percent of the teachers in two of						
in, or a graduate degree in, the academic field in which they teach the largest percentage of their classes. (C) It has at least one school whose teacher attrition rate has been 15 percent or more over the last three school years.						
(D) Other (please explain):	e nas seen 15 percent of	more over the las	te timee selloon yeurs.			
Certifications:	-					
By signing this form, I certify that this borrower was em		VI teaching in a hi	gh need local educational agency, as defined			
above, for a complete academic year during the dates list also certify that all of the information provided in the control of the information provided in the information provided in the control of the control of the information provided in the control of the co		is form is true and	d accurate.			
Certifying Official's Signature			Date Signed			
		This spa	ace is for the Institutional Seal. If not available,			
		please p	provide official letter of certification.			



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Part 3 – Rider University Use Only

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	Denied Reason:					
Interest Cancelled	Total Amount Cancelled	Balance Due after this Transaction				
¢	¢	¢				
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	Date					
	Interest Cancelled					