



# REQUEST FOR DEFERMENT AND/OR CANCELLATION TRANSITION TO TEACHING SCHOLARSHIP

State Form  
INDIANA COMMISSION FOR HIGHER EDUCATION

- INSTRUCTIONS:**
1. Please forward completed form and requested supporting documents to the Indiana Commission for Higher Education at [NextTeacher@che.in.gov](mailto:NextTeacher@che.in.gov).
  2. If you have any questions about your deferment or cancellation, please contact the Commission's Financial Aid Support Center at [NextTeacher@che.in.gov](mailto:NextTeacher@che.in.gov) or 1-888-528-4719. If you have questions about repayment, please contact ECSI at 1-888-549-3274.
  3. Before sending your application, verify that:
    - The form is filled out completely. All sections are required.
    - A typed and signed letterhead certification by the employer verifying the employment, start date, and end date (if applicable) must be submitted.
    - An employer-certified job duties description is included.

**NOTE:** Applications are typically processed within ten (10) business days. You will be notified of the status of your cancellation/deferment via e-mail using the address provided in Section 2 of this form.

## Section 1 – Information

A cancellation/deferment may be available if you are employed as a classroom teacher at an eligible elementary, middle, or high school in the state of Indiana.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is loan forgiveness. Following a year of service in one of the roles listed above, a portion of your Transition to Teaching Scholarship balance may be canceled. Cancellation rates are as follows:

- 1st year of service: 20% cancellation
- 2nd year of service: 20% cancellation
- 3rd year of service: 20% cancellation
- 4th year of service: 20% cancellation
- 5th year of service: 20% cancellation

Complete this form prior to your first year of service to request a deferment. After that, complete this form each year on the anniversary of your original deferment to request a deferment and a cancellation.

## Section 2 – Borrower Identification

Last name	First name	Middle initial	Last 4 digits of Social Security Number
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Current mailing address (number and street, city, state, and ZIP code)

Telephone number (      )	E-mail address
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## Section 3 – Employment Information

I am/was employed as a teacher at an eligible Indiana elementary, middle, or high school.

Name of employer

Start date of employment (month, day, year)	Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, end date of employment (month, day, year)
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## Section 4 – Employer Certification

*This Section must be completed by your employer. Attach a typed and signed letterhead certification by the employer verifying employment, start date of employment, end date of employment (if applicable), and job description.*

Name of employer

Address (number and street, city, state, and ZIP code)

Name of authorized official	Title of authorized official	Telephone number (      )
Signature of authorized official		Date signed (month, day, year)

## Section 5 – Borrower Certification and Authorization

I understand that this request will not be granted unless all applicable sections of the form are completed and requested documents are submitted.

I certify that the information I have provided on this form is true and correct. I will provide additional documentation, as required, to support my continued deferment/cancellation status. I will notify ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end. I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature of borrower	Date signed (month, day, year)
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