

# Statement of Intentions

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

Please review Section A, complete Section B as directed, and return within 30 days.

### SECTION A

You may request consideration for service cancellation eligibility when:

1. You are employed for a year at an approved site in Georgia, and
2. You have satisfied State of Georgia certification requirements in the subject area for which the Georgia Student Finance Authority (GSFA) awarded the HOPE Teacher Scholarship Loan or the PROMISE Teacher Scholarship Loan, and
3. You have provided a copy of your Georgia Educator Certificate reflecting the level and degree attained. **NOTE:** Provisional certificates (B) and Probationary certificates (PA) are not acceptable for service cancellation credit.

Upon receipt by GSFA of your Statement of Intentions (as indicated in Section B below), you will be notified in writing whether your employment site qualifies for service cancellation.

Each year GSFA will send you a Notification of Status form requesting updated information on your employment status. The form must be completed and returned by the date indicated, or your service cancellation option will be forfeited.

### SECTION B

PRINT: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Numbers: Work: ( \_\_\_\_ ) \_\_\_\_\_ Home: ( \_\_\_\_ ) \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INSTRUCTIONS:** Please indicate your intentions by checking **ONE** of the following four options and complete the recipient's verification information below. In addition, if you are applying for service cancellation, please complete the Teacher Education Site of Employment information below and attach a copy of your Georgia Educator Certificate.

- I wish to exercise my one year grace period before applying for service cancellation of my scholarship loan. I understand that my grace period begins on the date of my graduation. I graduated on (Month/Year): \_\_\_\_\_.
- I have not graduated from the program of study for which the scholarship loan was awarded. I understand that I must complete my approved degree program of study with 5 years beginning with the first term for which scholarship loan funds were awarded and that I cannot have a break-in-enrollment of more than 12 months. My new anticipated graduation date is (Month/Year): \_\_\_\_\_.
- I wish to repay my scholarship/loan in cash. (**NOTE:** Accounts converted from scholarship to loan status will be forwarded automatically to our servicing department. All terms and conditions of your Promissory Note remain in effect.) You will be notified in writing of your repayment schedule.
- I wish to apply for service cancellation of my HOPE Teacher Scholarship Loan or PROMISE Teacher Scholarship Loan. **Attached is a copy of my Georgia Educator Certificate, which reflects the level and field for which the scholarship loan was awarded.** (Complete Site of Employment and Recipient's Verification information below and deliver to your employer for certification.)

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

### Teacher Education Site of Employment

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

I graduated from (name of college or university): \_\_\_\_\_ on (Month/Year): \_\_\_\_\_

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

I am employed for a Summer Term, beginning (date) From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

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

**Employer's Verification:** I hereby certify that the individual above is employed in the school system/institution and in the following field.

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

Signature (Superintendent/Superintendent's Designee): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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