

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, Tucker GA 30084

Received By: _____ Approved By: _____

Contact Us:
888.414.2692
FAX: 770.724.9209

Rev. 07/2021