



**Western Illinois University**  
**Federal Perkins Loans**  
General Benefit Information  
for Nurses, Medical Technicians or Fire Fighters

A borrower is entitled to have up to 100 percent of a loan under the Federal Perkins Loan program canceled for qualifying service as a full-time nurse or medical technician providing health care services. Full-time fire fighters are also eligible for cancellation. No portion of any loan may be canceled for services the borrower performed before the date the loan was disbursed, or during the same period the loan was received. The cancellation rate per year of service is:

- \*15 percent of the original principal loan amount for each of the first and second years
- \*20 percent of the original principal loan amount for each of the third and fourth years
- \*30 percent of the original principal loan amount for the fifth year

A borrower is responsible for applying for benefits by completing the appropriate form and for providing any documentation requested supporting cancellation eligibility.

**Definition of Nurse, Medical Technician and Fire Fighter**

**Nurse:** Registered nurse or licensed practical nurse licensed by the appropriate state agency in the state the service is provided.

**Medical Technician:** A health professional providing specialized medical services who is certified, registered or licensed by the appropriate state agency in the state in which the service is provided. For a listing of Allied Health professions that may be eligible for Medical Technician deferment and cancellation please visit <https://explorehealthcareers.org/field/allied-health-professions/>.

**Fire Fighter:** Fire fighters for service to a local, state or federal fire department or fire district.

**DEFERMENT:** If you are working in a position which you believe will qualify you for partial cancellation, a form requesting deferment must be filed at the start of service to suspend billing and defer payments of principal and interest. A six-month post-deferment grace period follows.

**CANCELLATION:** Cancellation applications must be submitted at the completion of each twelve months of service.

Improper completion of forms will cause delays in updating your loan. Until the Billing and Receivables Office receives all the proper documentation, you will continue to receive notices that payment is due. Your loan will be subject to late fees and credit bureau reporting. Not filing a form in a timely manner is equivalent to sending payment past the due date.

If you have questions, please call the Billing and Receivables Office at 309.298.1295, fax 309.298.2032 or email [BRPerkins@wiu.edu](mailto:BRPerkins@wiu.edu).

Return form to:  
Western Illinois University  
Billing & Receivables  
1 University Circle  
Macomb IL 61455

Phone 309.298.1295 ~ Fax 309.298.2032



Western Illinois University  
Federal Perkins Loans  
Request for Deferment/Cancellation  
Nurses, Medical Technicians or Firefighters

Name of Borrower: \_\_\_\_\_ WIU ID: \_\_\_\_\_  
Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address/City/State Zip: \_\_\_\_\_

**Part I-** to be completed by applicant

I declare I am/was employed as:

\_\_\_\_\_ a nurse or medical technician certified, registered or licensed by the state in the field of \_\_\_\_\_ providing medical services during the period for which I am requesting benefits.

\_\_\_\_\_ a fire fighter

**Applicants must attach a copy of their state certification, registration or license yearly.**

I am requesting:

\_\_\_\_\_ Deferment from \_\_\_\_\_ to \_\_\_\_\_ as I anticipate completing one full year of service.  
(Employment dates must equal one year)

\_\_\_\_\_ Cancellation from \_\_\_\_\_ to \_\_\_\_\_ as I have completed one full year of service.  
(Employment dates must equal one year)

I declare all information provided in this request is true and correct. I will notify WIU immediately of any change in my employment status and begin payment if required.

Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

*Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documents may be subject to penalty as provided by law.*

**Part II-** to be completed by agency official

I certify that the information stated in Part I above is true and correct.

Agency Official Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address (Street) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Part III-** to be completed by Western Illinois University Billing and Receivables Office

\_\_\_\_\_ Approved from \_\_\_\_\_ to \_\_\_\_\_ Next Regular Bill Due: \_\_\_\_\_

\_\_\_\_\_ Denied Reason: \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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