

Application Form

Arkansas Technical Careers Student Loan Forgiveness Program

Instructions

You must complete this form within six months [after](#) program completion. Award amounts will be made pursuant to the availability of program funds.

Please fill in all information. If your application is either incomplete or ineligible, you will receive a notice identifying the reason for the incompleteness or ineligibility. You will have the opportunity to provide the missing information or correct any inaccurate information.

Upon initial approval of your application, you will receive an award letter stating your eligibility for the program and the conditions for continued eligibility. A loan forgiveness program packet containing all required forms will be included with the award letter.

Any tax liability you may incur as a result of loan repayments made on your behalf under the loan forgiveness program shall be your responsibility.

Name (Last Name) (First Name) (MI)
 (Please check if name has changed since "Intent to Apply" was filed.)

E-mail Address

Social Security Number

Major/Program of Study

Date of Birth

Type of Degree/Certificate Awarded

Student ID Number
(If different from Social Security number)

Type of Student Loan(s)

Permanent Address

Annual Loan Amount Year 1 _____

Year 2 _____

Year 3 _____

City, State, Zip

Year 4 _____

County of Residence

X

Signature

Institution Attended

Date

Date First Enrolled (Month/Day/Year)

Return this form to:

Date Graduated (Month/Day/Year)

Arkansas Technical Careers Student Loan
Forgiveness Program
Department of Workforce Education
Three Capitol Mall
Little Rock, AR 72201-1083

Yes No

U.S. Citizen (Please check one)