

Intent to Apply
Arkansas Technical Careers Student Loan Forgiveness Program

Name: _____
(First name / MI / Last name)

Social Security Number _____

Student ID Number _____
(if different from SS#)

Permanent Address _____

(City, State, Zip Code)

E-mail Address _____

Institution Attending _____

Semester First Enrolled in this Institution _____

Program of Study/Major _____

Degree/Certificate Sought _____

Anticipated Graduation Date _____
(Month/Day/Year)

Type of Student Loan(s) _____

Amount Borrowed for Current School Year _____

TO THE STUDENT

This form is a nonbinding document that indicates your intent to apply for the Arkansas Technical Careers Student Loan Forgiveness Program (ATCSLFP) upon completing your program of study.

By my signature, I acknowledge that I understand that loan repayments are contingent upon funding and that in the event that sufficient funds are not available, repayments will be awarded in the order in which applications are received by the Department of Workforce Education. I also understand that I must file the application form within six months following graduation in order to remain eligible for loan repayments. (The application is available from the financial aid office of the institution you are attending, the Web site of the Department of Workforce Education at <http://dwe.arkansas.gov/LoanForgiveness/atcslfp.htm>, or from the Department of Workforce Education at the address below.)

Signature

Date

Return this form to:
(Please keep a copy for your records.)

Arkansas Technical Careers Student Loan Forgiveness Program
Arkansas Department of Workforce Education
Three Capitol Mall, Room 207
Little Rock, AR 72201-1083