



2010-2011 ANNUAL INTEREST WAIVER REQUEST FORM

APPLICANT SECTION: Must be completed by the borrower. Please print or type.

Last Name _____ First _____ MI _____

Date of Birth ___/___/_____ Driver's License # _____ State Issued _____

Social Security # _____ E-mail address _____

PERMANENT HOME ADDRESS (All mail will be sent to this address)

P.O. Box/Street Number _____ Apt # _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____

Please attach copies of the following documents:

- 1. Copy of most recent W-2 or Pay stub showing proof of employment.
- 2. Copy of Teaching Certificate if available.

By signing this Waiver Request Form I certify I have Federal Student Loans through Lela and I am teaching full time in a Louisiana Public School System. I acknowledge that to be eligible for this interest waiver I must keep my loan account current and file this form annually.

Applicant's Signature _____
Date

Note: Applications are processed on a first come, first served basis. Funds are limited. Once Lela receives this request a review will be made of your loans held by Lela to determine eligibility. You will receive notification from Lela's designated servicer, EdFinancial by mail. Lela reserves the right to modify, enhance, reduce or discontinue these discounts at any time without notice.

EMPLOYER SECTION: Must be completed by Superintendent. Please print or type.

I hereby certify that as of the date hereof the applicant named above, is employed as a full time teacher by:

Name of School _____
Parish, LA.

Address _____
City

Phone number _____
Signature of Superintendent _____
Date

Printed name

A program of:



Please mail original form and attachments to:

Louisiana Education Loan Authority (Lela)
2237 South Acadian Thruway Suite 650
Baton Rouge, La. 70808

Note: The recommended deadline for submission of this form is no later than November 15, 2010.



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APPLICANT SECTION: Must be completed by the borrower. Please print or type.

Last Name _____ First _____ MI _____
Date of Birth ___/___/____ Driver's License # _____ State Issued _____
Social Security # _____ E-mail address _____

PERMANENT HOME ADDRESS (All mail will be sent to this address)

P.O. Box/Street _____ Apt # _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____

Please attach copies of the following documents:

- 3. Copy of most recent W-2 or Pay stub showing proof of employment
- 4. Copy of Nurses license

By signing this Waiver Request Form I certify I have Federal Student Loans through Lela and I am working full time in Louisiana as a licensed nurse or nurse educator. I acknowledge that to be eligible for this interest waiver I must keep my loan account current and file this form annually.

Applicant's Signature _____
Date

Note: Applications are processed on a first come, first served basis. Funds are limited. Once Lela receives this request, we will review all of your student loans held by Lela to determine which loans are eligible. Once the review is complete, you will receive notification from Lela's designated servicer, EdFinancial, by mail.

EMPLOYER SECTION: Must be completed by supervisor. Please print or type.

I hereby certify that as of the date hereof the applicant named above, is employed as a full time licensed nurse or nurse educator by:

Name of Employer
_____, LA.
Address *City*

Phone number *Signature of Supervisor* *Date*

Printed name and title

A program of:



Please mail original form and attachments to:

Louisiana Education Loan Authority (Lela)
2237 South Acadian Thruway Ste. 650
Baton Rouge, La. 70808

Please note: The HELP Nurses interest waiver program is effective July 1, 2007. Interest will not be waived prior to the July 1, 2007 effective date. The recommended deadline for submission of this form is no later than November 15, 2009



**HELP Teachers and HELP Nurses
Notice
Effective 04/01/09**

All borrowers with a HELP Teacher or HELP Nurses eligible Lela loan first disbursed prior to 4-1-09 may continue to apply for interest waivers.

All Lela loans with a first disbursement date on or after 4-1-09 will NOT be eligible for the HELP Nurses and HELP Teachers interest waiver offers. These programs have been suspended until further notice.

Please call 800-228-4755 for further information.