



## 2019 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 # \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

**Please attach copies of the following documents:**

1. Copy of most recent W-2 or Pay stub showing proof of employment
2. Copy of Nurses **license valid through 12/31/2019** or later

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*

\_\_\_\_\_  
*Address*

\_\_\_\_\_, LA.  
*City, Zip code*

\_\_\_\_\_  
*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