

Contract Completion Form

(Winter-Reed Teacher Loan Repayment Program)

PART I – TO BE COMPLETED BY THE APPLICANT (COMPLETE IN INK)

Personal Information:

Last Name	First Name	Last Four of SSN (XXXX)
Street Address	City, State, Zip	
Contact Phone #	Date of Birth (MM/DD/YYYY)	Email Address

CERTIFICATION: This is to certify that I AM employed as a FULL-TIME (defined as **5 hours of Instruction** per school day) licensed teacher in a Mississippi Public School District:

School District	School Name	School Street Address	
School City, State, Zip		School County	School Telephone #
Position	Grade Level Taught	Total Hours/Day Taught	

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X _____
Applicant's Signature Date

PART II – TO BE COMPLETED BY SCHOOL OFFICIAL (Superintendent of Schools, School Principal, or Other Authorizing Official)

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X _____
Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	Official Stamp or Seal - If no stamp or seal is available, please provide letterhead certification , signed by school official, <u>in addition to this form</u> . The letter must include employee's name, employment dates, total hours taught, and position.
Telephone #	

Applicant Information:

Dates Applicant Employed Full-time (MM/DD/YYYY)	From:	To:
Position:	Number of Years as a Teacher/Librarian *:	Year of Service in Your District:

* Winter-Reed Teacher Loan Repayment is available to full-time teachers in their first, second, or third year of teaching after graduation. Applicant is considered a first-year teacher if they have not been employed as a licensed teacher in a previous state or district.

NOTE: This form is INCOMPLETE without applicant's signature and COMPLETE Part I and II certifications.

RETURN FORM TO:

Mississippi Office of Student Financial Aid
3825 Ridgewood Road
Jackson, MS 39211

CONTACT:

Email: sfa@mississippi.edu
Phone: 1-800-327-2980 or 601-432-6997
Fax: 601-432-6527

PART III FOR OFFICE USE
PROCESSED BY: _____ DATE: _____