

# 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)
Home Address (Street Address/PO Box, City, State, Zip)		
Contact Phone #	Date of Birth (MM/DD/YYYY)	Email Address

### LOAN INFORMATION: *The accuracy of the following information is critical to ensure we can make a loan payment on your behalf. Check twice for accuracy!*

Name of Loan Servicer (as it appears on your account/bill)	Loan Servicer Account Number
Loan Servicer Payment Mailing Address (Street Address/PO Box, City, State, Zip)	

### SCHOOL INFORMATION:

School District	School Name	
Position	Grade Level Taught	Total Hours/Day Taught

CERTIFICATION: I hereby 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 or Charter School, and all information provided on this form is correct:

X \_\_\_\_\_  
Signature of Applicant Date

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

CERTIFICATION: I hereby certify that the information provided on this form is correct:

X \_\_\_\_\_  
Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	<b>Official Stamp or Seal</b> - If no stamp or seal is available, please provide <b>letterhead certification</b> , 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 SERVICE 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. An applicant is considered a first-year teacher if they have not been employed as a licensed teacher in a previous state or district. A half-year of service should not be counted as one full year.*

**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: \_\_\_\_\_