





## Arkansas Public Service Reward Program (PSRP)

*MOHELA recognizes that some public service oriented careers will not always generate sufficient income to manage their educational loan debt. Therefore, an interest rate reduction has been made available to eligible borrowers working in the State of Arkansas.*

To be eligible for this benefit all of the following must be completed and apply to the student loan borrower:

- Loan(s) must be serviced and owned by MOHELA (in the Chesterfield location).
- Eligible loan types include Stafford, PLUS, and GradPLUS disbursed between July 1, 2006 and March 31, 2008 for an Arkansas school.
- Loan(s) must be in repayment.
- Borrower must certify this form.
- Applicable authorizing official must complete and certify this form.
- A new form must be completed and received annually by July 1<sup>st</sup> to retain eligibility in the program.

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### Authorized Official Section

As an authorized official representing the borrower's employer/agency/district/institution/unit, I certify that \_\_\_\_\_ meets one of the following criteria in the  
(print name of borrower)

State of Arkansas (please check one):

- Full-time State Certified Educator or Teacher working in a public or private K – 12 school. Name of educational institution/district \_\_\_\_\_
- Full-time Arkansas Licensed Nursing Professional
- Full-time National Registry Certified Paramedic
- Full-time State Certified Law Enforcement Officer
- Member of the Arkansas National Guard

\_\_\_\_\_  
Name of Certifying Authorized Official (please print)

\_\_\_\_\_  
Title of Certifying Authorized Official

\_\_\_\_\_  
Signature of Certifying Authorized Official

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number of Borrower's Employer

\_\_\_\_\_  
Name of Borrower's Employer

\_\_\_\_\_  
Address of Borrower's Employer

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### Borrower Section

I certify that the information provided on this form is true and accurate. I have read, understand, and meet the eligibility criteria of the Arkansas PSRP for which I have applied. I am qualified to receive the Arkansas PSRP benefit.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Account Number

**Return the completed form to:** MOHELA, 633 Spirit Drive, Chesterfield, MO 63005 or fax to 1-888-387-3530

We may revoke or modify this offer at any time without notice. The Programs and any and all benefits provided thereunder, including, without limitation, any and all interest rate benefits provided therein or thereby, may be reduced, otherwise modified and/or eliminated entirely without notice at any time and from time to time in the sole discretion of MOHELA.