





## Missouri 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 Missouri.

**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 first disbursed prior to 7/1/08
- Must have been a Missouri resident at the time the loan was made or the loan(s) must have been originated for a Missouri school. (loans guaranteed prior to 6/1/07 are not required to meet this criteria)
- 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

(Borrower's Name)

State of Missouri (please check one):

Full Time Educational Instructor or Professional working in an accredited K-12 educational institution/district

\_\_\_\_\_ District (required)

Full Time Firefighter, Paramedic, Emergency Medical Technician (EMT)

Full Time Peace Officer

Full Time Licensed Nursing professional

Full Time Social Worker working in/for a Governmental or Non-Profit Agency

Full Time State Government Employee

Member of the Missouri National Guard or Reserve

\_\_\_\_\_  
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 PSRP for which I have applied. I am qualified to receive the PSRP benefit.

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

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

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

**Return the completed form to: MOHELA, 633 Spirit Drive, Chesterfield, MO. 63005 or Fax 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.