



2020-21 Total & Permanent Disability Discharge

Return form to: Student Financial Services
1825 N Bluemound Dr
PO Box 2277
Appleton, WI 54912-2277

Fax: 920-735-5763
financialaid@fvtc.edu
www.fvtc.edu/financialaid
Phone: 920-735-5650

The U.S. Department of Education has informed us that you have either: (1) indicated that you will apply for a Total and Permanent Disability (TPD) discharge, (2) applied for a TPD discharge or (3) have had a TPD discharge. **If you receive a Federal student loan, it may affect your eligibility for discharge, or may cause your loan or grant obligation to be reinstated.**

If you have applied for, or are in the process of applying for, a TPD discharge, but the application has neither been approved nor rejected, any disbursements of a Federal student loan that are made may cause your application for TPD discharge to be suspended until the disbursement is returned, or may cause your TPD application to be rejected. **You must contact the TPD Servicer* for specific information on the status of your TPD application and guidance on the impact that receiving Federal student loans may have on your TPD application. (*TPD Servicer: Nelnet 1-888-303-7818).**

Student Name _____

Student ID _____

Email Address

Date of Birth

Please answer the questions below and provide any documentation that may be needed to complete the processing of your financial aid. We cannot process your financial aid until we receive this information.

Do you wish to apply for a grant or work-study? Yes [] No []

Do you wish to apply for federal student loans? Yes** [] No []

Please enter the dates of your official monitoring period: _____ to _____

Would you like to meet with an FVTC financial aid counselor to discuss this further? Yes [] No []

****If you wish to take a student loan, you must submit a certification letter from a legally licensed physician with this form. The letter MUST be on official letterhead and include the physician license number, signature, and the following:**

1. A statement that your condition has improved and you have the ability to engage in “substantial gainful activity”
2. A reference to your specific program of study, and
3. Confirmation of your ability to secure employment in that field of study in order to repay the new loan

If you are applying for student loans the physician’s certification letter should be turned in with this form in order to be processed for financial aid.

Certification and Signature

I acknowledge that I am aware that any new Federal Student Loan obligation that I obtain cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I certify that the information given on this form is true and complete. If I choose to take a new student loan, I understand that collection activity will resume on any conditionally discharged loans or loans that are in a post-discharge monitoring period.

Signature of Student

Date

ELECTRONIC SIGNATURES NOT ACCEPTED