

AMERICORPS – VOUCHER AND PAYMENT REQUEST FORM

For AmeriCorps Member:

SSN:

Section A – TO BE COMPLETED BY AMERICORPS MEMBER – The AmeriCorps member must fill out the three items in Section A. A separate voucher must be completed for each payment authorized/requested. Then the voucher must be sent to the school or loan holder.

AWARD INFORMATION as of

Award Balance: Valid Until 07/31/2009

Current Balance in Account *** (1) Indicate the amount of the payment that you request \$ _____, _____. _____**

I authorize the amount indicated above to be paid to the loan holder or educational institution named below.

I certify that I have not been convicted, since the completion of my AmeriCorps service, of the possession or sale of a controlled substance. I further certify that I have received either a high school diploma or its equivalent (such as a GED). I understand that a knowing an willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, USC

*** (2) Signature of Member** _____ *** (3) Today's date:** _____ / _____ / **200**
Month Day Year

If you are unable to make this certification, please write to the National Service Trust to find out what you must do to be eligible to use the award

SECTION B – TO BE COMPLETED BY SCHOOL OR LOAN HOLDER – The school or loan holder must complete and sign Section B. Fill out the appropriate portion depending upon whether the voucher is to repay a qualified student loan or to pay for current educational expenses. Include complete address where the payment should be mailed. Send.

If this payment is for a QUALIFIED STUDENT LOAN, the loan holder must complete this section

1. Payoff Amount (add 30 days interest):

\$ _____, _____. _____

2. Type of Qualified student loan: _____

A qualified student loan for the purposes of the education award is:

- a) a loan made, insured, or guaranteed pursuant to Title IV of the Higher Education Act of 1965, other than a loan to a parent of a student pursuant to section 428B of such ACT;
- b) any loan made pursuant to Title VII of VIII of the Public Health Service Act and
- c) a loan determined by an institution of higher education to be necessary to cover a student's cost of attendance at such an institution and made directly to students by a state agency

3. If state agency made loan, name of agency: _____

The organization listed below is the loan holder which is defined as the original lender or another person or organization to which the loan was subsequently sold, transferred, or assigned and which has a legally enforceable right to receive from the borrower).

If this payment is for CURRENT EDUCATIONAL EXPENSES, the Title IV school or School-to-Work program

1. Amount for which student is eligible. All student aid, including the educational award, cannot exceed the Cost of Attendance, or the allowed amount for non-degree program.

2. Title IV School Code (6 digits): _____

3. School enrollment period upon which this amount is based. By law, a payment is made in two equal installments; one at the beginning and one at the middle of the enrollment period.

start date _____ mid point _____ **The individual above** is a student in an eligible program at the institution listed below, which has in effect a Title IV Program Participation Agreement with the U.S. Department of Education. Eligibility to participate in any of the Title IV programs has not been limited, suspended, or terminated. Further, the number of students using an education award in the current academic year is not more than 15% of the total student population.

I certify that all of the information I have provided is true and correct. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, USC.

Signature of authorized representative of the school or loan holder _____

Telephone Number _____

Printed or typed name and title of the representative _____

Name of School or Loan Holder (Payee): _____

Address _____

City _____ State _____ Zip Code _____

Federal Taxpayer ID Number _____

MAIL VOUCHER TO: NATIONAL SERVICE TRUST/ CNCS; 1201 NEW YORK AVE N.W., WASHINGTON, D.C. 20525