UNC GREENSBORO
Financial Aid *and* Scholarships

P.O. Box 26170 ▪ Greensboro, NC 27402– 6170 ▪ *Phone:* 336-334-5702▪ *School Code:* 002976
finaid@uncg.edu ▪ spartancentral.uncg.edu ▪ Document Uploader go.uncg.edu/qe774o

TOTAL & PERMANENT DISABILITY DISCHARGE BORROWER ACKNOWLEDGMENT

Student Name _____ Student ID _____
Last First MI

Only Required for Parent PLUS loan:

Parent Borrower _____
Last First MI

This form is for borrowers who previously had their federal student loans or TEACH Grant service obligations canceled/ discharged due to Total and Permanent Disability (TPD) or a VA disability determination, and who now want to return to school and receive new federal student loans. **Having your loans discharged for TPD does not affect your eligibility for a Pell Grant or other qualifying financial aid.**

SELECT & SIGN which federal financial aid eligibility review you are requesting, and proceed accordingly:

☐ **I do not want any new Federal loans.**
I only want to be reviewed for other financial aid awards, such as grants and Federal Work-Study.

⇒ You do not need to submit the Physician's Certification (pg. 2)
⇒ Sign this section only and return to the Office of Financial Aid and Scholarships.

_____ _____
Signature Date
(Parent borrower signature if this is for Parent PLUS Loan)

☐ **I want new Federal loans.**
I want to be reviewed for ALL financial aid eligibility, including new Federal loans. *I understand that awarding of all Federal financial aid is not guaranteed.*

Select ONE and sign below:

☐ **This is my first request after having my previous Federal loans discharged.** My signature below acknowledges that I understand and agree to:
⇒ the Borrower Statement of Acknowledgement; AND
⇒ the Physician's Certification (pg. 2) will be submitted to verify my eligibility.

☐ **This is NOT my first request after having my previous Federal loans discharged. I submitted a Physician's Certification for a prior year.** My signature below acknowledges that I understand and agree to:
⇒ the Borrower Statement of Acknowledgement,
⇒ the terms established by the U.S. Department of Education with regard to total and permanent disability discharge of federal loans and TEACH Grant service obligations; AND
⇒ have a Physician Certification on file for a prior year.

Borrower Statement of Acknowledgment:

I had a previous loan forgiven because I was found to have a total and permanent disability by the U.S. Department of Education. I now want to apply for NEW Federal Student Aid (FSA) loans or receive another Federal TEACH Grant.

If I apply for a new FSA loan or Federal TEACH Grant during the three-year monitoring period after my loan was forgiven, the loans that were forgiven may be put back into repayment.

For VA discharge: If my loan was forgiven because the VA determined I have a service-connected disability, there is no monitoring period, and I do not have to repay the forgiven loans in order to get a new loan.

Under Department of Education rules, any new FSA loan or Federal TEACH Grant I receive cannot be forgiven later for my current medical condition unless my condition gets worse and I again become totally and permanently disabled.

_____ _____
Signature Date
(Parent borrower signature if this is for Parent PLUS Loan)

INTERNAL USE ONLY:
AID YEAR_____ ☐ TPDPHY on file

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TOTAL & PERMANENT DISABILITY DISCHARGE PHYSICIAN'S CERTIFICATION

The individual listed below has previously had Federal Student Aid (FSA) Loans discharged due to permanent and total disability claim approved by the U.S. Department of Education. The borrower is now applying for a new FSA loan or TEACH grant for attendance at The University of North Carolina at Greensboro. Per Department of Education guidelines, the borrower is required to obtain a physician's certification that they have the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Student Name _____ Student ID _____
Last First MI

Only Required for Parent PLUS loan:

Parent Borrower _____
Last First MI

PHYSICIAN'S CERTIFICATION OF BORROWER'S SUBSTANTIAL GAINFUL ACTIVITY

- Complete this section only if you are a doctor of medicine or osteopathy legally authorized to practice in a state.
- Type or print in dark ink. All fields must be completed, if applicable. Your signature date must include month, day, and year (mm-dd-yyyy).

If you make any changes to the information you provide in this form, you must initial each change.

I am a doctor of (check one): ☐ medicine ☐ osteopathic medicine

State of Professional Registration: _____ State License Number: _____

I understand that an individual who is currently able or who is expected to be able to work and earn money in *any* capacity in *any* field of work, even on a limited basis, does not have a total and permanent disability as determined by the U.S. Department of Education.

If the individual is able to work, and earn money in any capacity in any field of work, even if only on a limited basis, you must indicate that the individual *is* capable of engaging in substantial gainful activity.

I certify that, in my best professional judgment, the individual identified above :

☐ Is capable of engaging in substantial gainful activity

☐ Is NOT capable of engaging in substantial gainful activity

WARNING: *Any person who knowingly and willingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U. S. Criminal Code and 20 U.S.C 1097.*

_____ _____
Physician's Signature (a signature stamp is not acceptable) Date (mm-dd-yyyy)

_____
Printed Name of Physician (first name, middle initial, last name)

_____
Street Address City State Zip

_____ _____ _____
Telephone Fax Email Address (optional)

INTERNAL USE ONLY:
AID YEAR_____