



ANNUAL INTEREST WAIVER REQUEST FORM for 2027

APPLICANT SECTION: Must be completed by the borrower. Please print or type.

Last Name: _____ First: _____ MI: _____

Date of Birth: ____/____/____ Driver's License #: _____ State Issued: _____

Social Security # (last four digits) xxx-xx-____ E-mail address: _____

PERMANENT HOME ADDRESS (All mail will be sent to this address)

P.O. Box/Street Number: _____ Apt #: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please attach copies of the following documents:

1. Copy of most recent W-2 or Pay stub showing proof of employment
2. Copy of Nurses license valid through 12/31/2027 or later

By signing this Waiver Request Form I certify I have Federal Student Loans through Lela and I am working full-time in Louisiana as a licensed nurse or nurse educator. I acknowledge that to be eligible for this interest waiver I must keep my loan account current and file this form annually.

Applicant's Signature

Date

Note: Applications are processed on a first come, first served basis. Funds are limited.

Once Lela receives this request, we will review all of your student loans held by Lela to determine which loans are eligible. Once the review is complete, you will receive notification from Lela's designated servicer, Higher Education Servicing Corporation (HESC), by mail. Lela reserves the right to modify, enhance, reduce or discontinue these discounts at any time without advance notice.

EMPLOYER SECTION: Must be completed by supervisor. Please print or type.

I hereby certify that as of the date hereof the applicant named above, is employed as a full-time licensed nurse or nurse educator by:

Name of Employer

Address

_____, LA.
City, Zip code

Phone number

Signature of Supervisor

Date

Printed Name and Title

A program of:



Please mail original form and attachments to:

Louisiana Education Loan Authority (Lela)
2237 South Acadian Thruway Suite 650
Baton Rouge, LA 70808
Fax: 225-923-0020 Phone: 800-228-4755