



U.S. Department of State
Student Loan Repayment Program (SLRP)

REQUEST FOR CONSIDERATION

FY-_____.

You must complete Form DS-4037, "SLRP Eligibility Worksheet", before filling out the Request for Consideration. Submit a copy of Sections 100, 200, and 300 of the Eligibility Worksheet with this signed and dated Request for Consideration.

Employee Information:

1. Name (<i>Last, First, MI</i>)		2. Social Security Number	
3. Check One: <input type="checkbox"/> Civil Service <input type="checkbox"/> Foreign Service			
4. Supervisor's Name		5. Post or Office of Assignment	
6. Mailing Address (may be your domestic office or home address, or overseas pouch or APO address)			
City		State	ZIP
7. Telephone(s)	8. Fax	9. E-mail Address(es)	

Loan Information*:

10. Complete the following blocks for each of your outstanding qualifying loans, and list them in the order you wish the incentive payments to be credited. If you have more than three outstanding loans, use the additional sheet at the end of this document to continue. Note that one block should be completed for each loan, even if all loans are with the same lender. Provide a copy of a current statement from each lender or loan servicing organization.

a. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan
b. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan

***If loans were consolidated, documentation from lender must be provided to indicate that the original loans were qualifying loans. The only exception is Direct Loans, U.S. Department of Education, because they only service qualifying loans.**

11. If any loans are serviced by organizations not among those in the drop down lists above, provide complete organization name and payment mailing address below. Attach additional pages as needed.

Name (<i>Last, First, MI</i>)	Social Security Number
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Position Information:

12. Indicate the basis for FY- _____ eligibility by checking the appropriate box below

a. <input type="checkbox"/>	I am a Civil Service employee (including those who qualified on the basis of status as a PMF) who was in the FY-03 program on a pre-qualifying basis, and I am still in the same position this year. My eligibility, therefore, continues from last year. Specify position number: (_____)
b. <input type="checkbox"/>	I am a Foreign Service employee who was in the FY-03 program on a pre-qualifying basis, and I am still in the same position this year. My eligibility, therefore, continues from last year. Specify post: (_____)
c. <input type="checkbox"/>	I am a Civil Service employee qualifying for the first time, or re-qualifying after a reassignment, on the basis of my filling a pre-qualifying domestic position. Specify occupational series or office: (_____)
d. <input type="checkbox"/>	I am a Foreign Service employee qualifying for the first time, or re-qualifying after a reassignment, on the basis of my currently encumbering a pre-qualifying overseas position. Specify post: (_____)
e. <input type="checkbox"/>	I am not now in a pre-qualifying position, but I will arrive at a danger pay post no later than August 31, as per my assignment orders (copy enclosed). Specify post: (_____)
f. <input type="checkbox"/>	I am not now in a pre-qualifying position, but I will arrive at a post with at least 15% post differential no later than August 31, as per my assignment orders (copy enclosed). Specify post: (_____)
g. <input type="checkbox"/>	I am an FY-02 Civil Service participant who qualified on a case-by-case basis in FY-02 and FY-03 and I am still in the same position as when I qualified. Specify position: (_____)
h. <input type="checkbox"/>	I am an FY-02 Civil Service participant who qualified on a case-by-case basis in FY-02 and FY-03 and I have been reassigned to a different position in the same occupational series in the same office. Specify occupational series: (_____)
i. <input type="checkbox"/>	I am a PMF and an FY-03 participant who has converted to a permanent Civil Service position. Specify position number: (_____)
j. <input type="checkbox"/>	I am an FY-02 Foreign Service participant who qualified on a case-by-case basis FY-02 and FY-03 and I am still in the same position as when I qualified. Specify position: (_____)
k. <input type="checkbox"/>	I am an FY-03 overseas participant who was eligible due to being assigned to a pre-qualifying post that has since dropped from the list of eligible posts. Specify post: (_____)
l. <input type="checkbox"/>	I am an FY-02 Foreign Service participant who was eligible on a case-by-case basis in FY-02 and FY-03. I am in a different position, but I remain in the same post or office, doing work in the same skill code. Specify post or office: (_____)
m. <input type="checkbox"/>	I am an FY-02 Foreign Service participant who was eligible on a case-by-case basis in FY-02 and FY-03 and I have extended my tour in the same position. Specify position: (_____)
n. <input type="checkbox"/>	Other: Explain: (_____)

13. Signature _____ **Date (mm-dd-yyyy)** _____

Save, print, sign, and date (mm-dd-yyyy) it. Submit it with hard copies of

1. Your signed Service Agreement, as applicable
2. A current copy of each lender's statement of account, and
3. Sections 100, 200, and 300 of the Eligibility Worksheet to HR/ER/EP, via one of the means below.
4. Your assignment orders if checking either Box e or f above.

Hand-carried or U.S. Department of State interoffice mail.

SLRP
HR/ER/EP
Room H-236, SA-1

From overseas posts via unclassified pouch

SLRP
HR/ER/EP
Room H-236, SA-1
U.S. Department of State
Washington, DC 20522-0108

From overseas posts or domestic U.S. locations

SLRP
Box 810
2308 Mt. Vernon Ave.
Alexandria, VA 22301

Express mail may be accepted at the Mt. Vernon Ave. address. If an express mail carrier requires a contact number or name, use (703) 739-9100, Mr. Robert Gabriel.

1. Name (<i>Last, First, MI</i>)	2. Social Security Number
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Make copies, as needed. Add letters in sequence for each block in the left hand field.

c. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan
d. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan
e. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan
f. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan
g. Amount of Outstanding Balance:	Date (<i>mm-dd-yyyy</i>) of Outstanding Balance:	Type of Loan (<i>e.g., Stafford, Direct</i>)
Loan Servicing Organization:	Loan Identification Number:	Date You Completed Studies Related to the Loan:

PRIVACY ACT STATEMENT

AUTHORITY: 22 U.S.C. 2651a; 5 U.S.C. 301, 5 U.S.C. 5379, and E.O. 9397 for the SSN.

PRINCIPAL PURPOSE: To collect information in order to determine if you are eligible to participate in the Student Loan Repayment Program.

ROUTINE USES: The personal information and SSN are used by the U.S. Department of State to determine eligibility for the Student Loan Repayment Program, maintain administrative records, perform other administrative functions inherent in the administration of this program, and make payments on your behalf. This information will be made available to the Internal Revenue Service for tax and withholding purposes and to the Office of Personnel Management. Additionally, these records, or information therefrom, may also be used within the U.S. Department of State for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

DISCLOSURE: Providing personal information, your SSN and signing this agreement is voluntary, but failure to provide certain information may result in denial of your application and payments(s) being made on your behalf.