



# CHADRON STATE COLLEGE

Return Information to: CSC START Office

1000 Main Street, Chadron NE 69337

Fax to: (308) 432-6474

Phone: (308) 432-6061

## 2023-2024

### Fresh Start Initiative Acknowledgment Form

---

_____ Student's Last Name	_____ Student's First Name	_____ Student's M.I.	_____ Student's NUID or Social Security #
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

---

In order to participate in the "Fresh Start Initiative" program you must read and sign, (**must be signed, not typed on signature line**), the acknowledgement statement below to become Title IV HEA eligible. CSC will maintain a copy of this document for our records.

#### Statement of Educational Purpose

I certify that I, \_\_\_\_\_, understand that I am eligible for  
(Print Student's Name)  
Title IV aid as a result of the Fresh Start initiative. As a Fresh Start-eligible borrower, I understand that, by accepting Title IV HEA federal student aid during the Fresh Start period, I am agreeing to have my defaulted loans transferred to a new loan servicer – the company that will manage my loan- which will result in continued Title IV, HEA federal student aid eligibility beyond the Fresh Start period. I understand that this transfer may not occur immediately and that I can contact the holder(s) of my defaulted loan(s) to request transfer sooner."

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_