

**WESTMORELAND SCHOOL DISTRICT
STUDENT LOAN REPAYMENT**

(Please submit to Human Resources, 193 Maple Ave, no later than November 1)

Educational and/or financial institution to whom payment would be made:

Name of Institution: _____

Address of Institution: _____

Account Number: _____

Attach: Proof of the Loan

- 1) verification of monthly payment amount
- 2) year-end summary of the repayment activity from the insitution

I understand that I am expected to return to the Westmoreland School District for the school year following the year in which the educational loan repayment contribution is made.

I have read and agree to the terms specified **under Article 9.6** in the Westmoreland Teachers' Association's (WTA) Agreement.

Name (please print) Position

Signature Date