

**MARLBOROUGH SCHOOL DISTRICT
STUDENT LOAN REPAYMENT**

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

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 Marlborough 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 9.3** in the Marlborough Education Association's Agreement.

Name (please print) Position

Signature Date