

U. S. DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**STUDENT STIPEND AGREEMENT (AMENDMENT)**

O.M.B. No. 1670-0002  
 Expires February 28, 2007

**Paperwork Burden Disclosure Notice**

Public reporting burden for this form is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U. S. Department of Homeland Security, Federal Emergency Management Agency 500 C Street, SW, Washington, DC 20472 (Paperwork Reduction Project 1660-0007). Your response is voluntary, and you are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. NOTE: Do not send your completed form to this address. Please return it to the appropriate address shown in block 24.

**Privacy Act Statement**

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for student stipend reimbursement from the Federal Emergency Management Agency.

**Authorities:** Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301, 50 U.S.C. APP. 2253, E.O. 12127 and E.O. 12148, Public Law 81-920, section 201(e), Public Law 93-288, section 201(e), and Public Law 104-134.

**Purposes and Uses:** The purpose of the information requested on this document and any supporting documents is to facilitate the review, approval, accounting, and reimbursement of funds for the expense of student attendance at the National Emergency Training Center (NETC), the Mount Weather Emergency Assistance Center (MWEAC), or selected off campus locations.

**Effects Of Nondisclosure:** Submission of the information is voluntary; however, failure to provide the requested information may result in a delay in processing the reimbursement claim.

STUDENT'S NAME (Last,first,middle)	ACCOUNT TO WHICH REIMBURSEMENT WILL BE DEPOSITED:
BUSINESS PHONE (Include area code)	Financial Institution Name: _____
MAILING ADDRESS	Routing #: <input type="text"/>
	Account Title: _____
	Account #: <input type="text"/>
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

A student stipend agreement was approved for the above named individual in the amount of \$ \_\_\_\_\_. Actual verified travel costs have exceeded the original stipend payment. This amendment provides a stipend supplement for total actual travel cost. All other provisions of the original stipend contract remain the same.

**STUDENT CERTIFICATION**

I certify that the round-trip costs from my home to NETC, MWEAC, or other off campus locations exceeded my original travel stipend by \$ \_\_\_\_\_ and I request reimbursement of that amount. Attached is documentary proof of the actual expense. I understand that I must file for reimbursement within 60 days of start of course or my claim will be denied.

STUDENT'S SIGNATURE	DATE
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**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

ACCOUNTING INFORMATION:

Initial Stipend:	\$ <input type="text"/>
Obligated This Amendment:	\$ <input type="text"/>
Total Obligation:	\$ <input type="text"/>

**APPROVAL**

<input type="checkbox"/> RECOMMENDED	<input type="checkbox"/> NOT RECOMMENDED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
_____ Signature	_____ Date	_____ Signature	_____ Date