

**JACOB K. JAVITS FELLOWSHIP PROGRAM
ANNUAL PERFORMANCE, FINANCIAL NEED AND CERTIFICATION
REPORT**

(Authority: 34 CFR 650.20 and 650.44)

Important: The data requested is necessary to obtain a benefit.

Section I: General Grantee Institution Information

Instructions: Please complete all information in this section. This report must be completed for each cohort of Jacob K. Javits Fellows attending your institution. The Department of Education tracks funds for Jacob K. Javits Fellows according to the fiscal year in which they were initially awarded a Jacob K. Javits Fellowship. All fellows initially awarded a fellowship in a particular fiscal year constitute a cohort. Thus, you must complete one report for each fiscal year listing all fellows in that particular cohort.

Grant Number: P170B

Grantee Institution Name:

Grantee Institution Address:

Project Director:

Project Director Telephone Number:

Project Director Fax Number:

Project Director E-Mail Address:

Total Number of Javits Fellows in this cohort:

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Section II: Individual Student Data

Instructions: For the electronic report, the system will prompt you for the necessary information. Enter the requested data into the system for each individual Javits fellow belonging to a cohort at your institution.

1) Name of Fellow: List the fellow to whom the grant number in Section I applies. A list of each fellow belonging to this cohort at your institution is provided.

_____ **Last Name**

_____ **First Name**

_____ **Field of Study**

Year and term student entered institution's graduate program:

_____ **Year**

_____ **Term**

2) Current Educational Status of the Fellow:

_____ Currently Enrolled

_____ Graduated

_____ Transferred to _____ (provide name of institution)

_____ On Interruption of Study

_____ Funding Discontinued Due to Failure to Make Substantial

Academic Progress
_____ Funding Discontinued Due to Failure to Demonstrate
Financial Need
Withdrawn Due to Non-Academic Reasons
_____ Completed Fellowship Tenure But Still Enrolled in
_____ Graduate Degree Program

**Fellow Financial Need and Certification Information for the Budget
Period from _____ to _____**

3) Months of Study: If the fellow is currently enrolled, please check the number of months of study projected for this fellow (maximum 12 months) during the budget period. The fellowship can be calculated on a nine-month schedule if the student will not be enrolled during the summer semester.

_____ 9 _____ 12

4) Total Financial Need: Enter this fellow's total financial need, as determined under Part F of Title IV.

Total Financial Need = Cost of Graduate Attendance - Student's Estimated Family Contribution - Tuition & Fees.)

Note: If the student's financial need is zero, he or she is not eligible for any part of the Javits Fellowship.

\$

5) Stipend Request: Enter the stipend request for this fellow for the budget period. The stipend request should equal the fellow's financial need and cannot exceed the maximum stipend amount for the fiscal year.

\$

6) Institutional Allowance: If this fellow will be enrolled for the full academic year (12-month period including the fall, spring and summer), enter the institutional payment amount for the budget period. If this fellow will attend less than a full academic year, enter a pro rata reduced amount.

\$

7) Prior-Year Stipend: Enter the stipend for which this fellow was determined to be eligible to receive in the previous year for this cohort.

\$

8) Unused Funds (if any): Enter any funds from the stipend, institutional allowance, or both that your institution did not use during the previous budget period due to one of the reasons listed. For any "Other" reason not listed that applies, please provide a brief explanation in the space provided.

- If a student took a leave of absence after you submitted last year's report; (Note: An Interruption of Study is not allowed in the first year of the fellowship.)
- If a student withdrew or graduated after you submitted last year's report; or
- If a student transferred to another institution after you submitted last year's report.
- Other

Stipend Unused Funds

\$

Institutional Payment Unused

\$

Required Certifications

9) Methodology Certification: Certify that this fellow's financial need was calculated using the same manner as that in which the institution calculates all other graduate students' financial need under Part F of Title IV of the HEA by entering "Yes" in the space provided.

10) Academic Progress Certification: Certify whether this fellow is making substantial progress in his or her academic program by entering "Yes" or "No." If "No," provide a brief explanation in the space provided.

_____ Yes

_____ No

11) "Full-Time" Certification: Certify that this fellow will be devoting full time to his or her academic program, as required, by entering "Yes" in the space provided.

12) Part-Time Employment Certification: Certify that this fellow will not be engaged in gainful employment (other than on a part-time basis as specified below) during the budget period by checking either "Part-Time" or "Not Employed" below.

Note: A fellow may work part time, but only for the institution he or she attends, and only in teaching, research, or similar activity approved by the Secretary.

_____ Part-Time

_____ Not Employed

13) Leave Certification: Certify whether a fellow will be on an approved Interruption of Study for all or part of the award year by indicating the number of

months in the space provided. If the fellow will not be on Interruption of Study, check "Not on Interruption of Study."

Note: Section 701 of the HEA permits an institution to allow a fellowship recipient an Interruption of Study for a period not to exceed 12 months for the purpose of work, travel, or independent study away from the campus if the independent study is supportive of the fellowship recipient's academic program. A fellow on an Interruption of Study does not receive financial support during the period of his or her leave, unless the leave is for the purpose of travel supportive of the fellow's academic program or independent study supportive of the fellow's academic program. Please provide a brief explanation in the space provided if you believe the fellow is entitled to support under these conditions.

_____ Months

_____ Not on Interruption of Study

Section III: AGREEMENT CERTIFICATION (REQUIRED BY 34 CFR 650.40) FOR THE JACOB K. JAVITS FELLOWSHIP PROGRAM

This certifies that the applicant, _____ (name of institution), agrees that it will comply with the amended statute (Title VII, Part A of the Higher Education Act of 1965) and regulations (34 CFR Part 650) in implementing the Jacob K. Javits Fellowship Program.

The authorized official identified below has reviewed all data entered and certifies that the Annual Performance, Financial Need and Certification Report is accurate and complete.

Name of Authorized Official

Title of Authorized Official **Date**

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0630 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 4 hours (or 160 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: The Jacob K. Javits Fellowship Program, U.S. Department of Education, 1990 K Street, N.W., Washington, DC 20006-8521.

ED Form ED 40-1304