

PAUL DOUGLAS TEACHER SCHOLARSHIP PROGRAM

PERFORMANCE REPORT FOR FY 2009

Reporting Period: July 1, 2008 - June 30, 2009

STATE _____

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Section I: Summary Repayment Information

A. Number of Recipients as of June 30, 2009:

1. In repayment status	
2. In default status	
3. In deferment status	
4. Total - Cumulative	0

B. Not in repayment status & not teaching:

1. Still pursuing course of study leading to teacher certification	
2. No longer pursuing teacher certification course of study	
3. Certified to teach but not yet teaching (grace period)	
4. Total - Cumulative	0

C. Amount repaid during FY 2009:

1. Principal	
2. Interest	
3. Total	\$0

D. Amount of principal as of 6/30/2009:

1. Total outstanding	
2. In default status	
3. In deferment status	

E. Amount of uncollectible debt written off as of 6/30/2009:

1. Principal written-off	
2. Interest written-off	
3. Total - Cumulative	\$0
4. Number of Scholarships written-off	

Section II: Fulfillment of Scholarship Obligation

Number of Recipients as of 6/30/2009 who have

A. Completed the teacher

certification course of study:

B. Taught by grade level:	Public-A	Private-B
1. Preschool level		
2. Elementary level		
3. Secondary level		
4. Total - Cumulative	0	0

C. Taught in teacher shortage area:

1. Geographic	
2. Grade level	
3. Subject matter	
4. Total - Cumulative	0

D. Completed the Scholarship obligation:

1. By teaching	
2. By repaying the Scholarship	
3. By teaching & repayment	
4. Total - Cumulative	0

E. Had the Scholarship obligation cancelled:

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Section III: Summary Outcomes for all Former Scholars

A. Not in repayment status and not teaching	0
B. Teaching	0
C. In repayment status	0
D. Completed or cancelled obligation	0
E. Total - Cumulative	0

Section IV: Certification by Authorized Official

I certify that the information provided in this Performance Report is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review.

SIGNATURE _____

DATE _____

TYPED NAME/TITLE OF AUTHORIZED OFFICIAL _____

TELEPHONE NUMBER (AREA CODE) AND EXTENSION _____

FAX NUMBER (AREA CODE) _____

E-MAIL ADDRESS _____

NAME OF STATE AGENCY _____

ED Form Number(s): 40-31P, 84.176

STREET ADDRESS _____

OMB NUMBER: 1840-0787

STREET ADDRESS _____

Expiration Date: XX/XX/XXXX

CITY/STATE/ZIP CODE _____

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