

Paperwork Burden Statement

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Service Obligation Agreement

For a Scholarship Received from a Personnel Preparation to Improve Services and Results for Children with Disabilities Grant Awarded in Fiscal Year 2006 and Any Year Thereafter

Service Obligation Agreement
Between

Name of Scholar

And

Name of Grantee

Prior to granting a scholarship, the grantee will require each scholar to enter into a written agreement in which the scholar agrees to the terms and conditions set forth in the regulations published on June 5, 2006 implementing section 662(h) of IDEA (see 34 CFR part 304), including the requirement that the Secretary track the service obligations of scholarship recipients. These requirements are attached. The requirements and FAQs are also available at <http://www.serviceobligations.ed.gov/ProgramRegs2006.cfm>, and <http://www.serviceobligations.ed.gov/2006faq.cfm>.

According to section 304.23(a), the Secretary may grant a deferral or an exception to the work or repayment requirements upon request, if a scholar or an obligee can provide sufficient evidence to substantiate eligibility.

The current address of the Department of Education for purposes of this agreement is:
OSEP Service Obligations Contact
Grants Awarded in FY2005, FY2006 and Any Year Thereafter
US Department of Education
Office of Special Education Programs

400 Maryland Avenue, SW
Washington, DC 20202-2600

To Be Completed by the Grantee

Grant Award Number: H325
Grantee:
Project Title:
Course of Study or Program:
Project Director:
Date of Scholarship Assistance and Service Obligation Meeting:

To Be Completed by the Scholar

Scholar Name:
Date of Birth:
Social Security Number:
Street Address:
City, State, Zip Code:
E-mail Address:

Alternate Contact Information

Name:
Relationship:
Street Address:
City, State, Zip Code:
Telephone Number:
E-mail Address:

To Be Completed by Scholar

I have:

- (a) read and understand the attached service obligation regulations and FAQs, including the service obligation of two years of service for every academic year of support or to repay the scholarship;
- (b) read Attachment A (US Citizenship and Residency Requirements) of this Agreement;
- (c) provided the information requested of me in this Agreement and Attachment A to the grantee representative;
- (d) completed the Certification of Eligibility for Federal Assistance form (ED 80-0016); and

I agree to comply with the regulations published on June 5, 2006 implementing section 662(h) of IDEA (see 34 CFR part 304), including the requirement to provide the information necessary to the Secretary to track my service obligation.

_____ Scholar Name (Please print)	_____ Scholar Signature	_____ Date
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To be Completed by Grantee Representative

I have met with the scholar and discussed the service obligation requirements and provided him/her with a copy of the regulations and the frequently asked questions.

_____ Grantee Representative Name (Please print)	_____ Grantee Representative Signature	_____ Date
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Exit Certification
For a Scholarship Received from a Personnel Preparation to Improve Services and Results
for Children with Disabilities
Grant Awarded in Fiscal Year 2006 and Any Year Thereafter

To be completed by the Grantee Representative/Project Director when a scholar exits or completes the program:

Grant Award Number: _____

Institution of Higher Education: _____

Grantee Representative: _____

Project Title: _____

Service Obligation Information

Number of academic years IDEA scholarship assistance was received	
Date of program completion	
Total amount of IDEA scholarship assistance received	\$
Number of years of eligible work needed to satisfy the service obligation	
Time period during which the scholar must satisfy the service obligation	

To be completed by the Grantee Representative or Scholar upon exiting or completing the program:

Scholar Contact Information

Scholar Name	
Scholar Social Security Number	
Scholar Address after Completing or Exiting the Program	

Scholar E-mail Addresses after Completing or Exiting the Program	
Scholar Telephone Number after Completing or Exiting the Program	
Phone number, address and e-mail address for the scholar's family member or friend who can forward mail, if necessary.	
Scholar's employer, if known (Agency name, address, and telephone number)	

I certify that the Service Obligation in this Exit Certification is correct.

_____ Date

Grantee Representative Signature

I understand and agree that the Service Obligation and Contact Information in this Exit Certification are correct.

_____ Date

Scholar Signature

Scholar Name
(Please print)