

# PAUL DOUGLAS TEACHER SCHOLARSHIP PROGRAM

## PERFORMANCE REPORT FOR -

Reporting Period:

STATE:

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

### Section I: Summary Repayment Information

Number of Recipients as of:

1. In repayment status	
2. In default status	
3. In deferment status	
4. <b>Total - Cumulative</b>	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. <b>Total - Cumulative</b>	0

#### C. Amount repaid during FY:

1. Principal	
2. Interest	
3. <b>Total</b>	\$0

#### D. Amount of principal as of XXXXX:

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

#### E. Amount of uncollectible debt written off as of XXXXXX:

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

### Section II: Fulfillment of Scholarship Obligation

Number of Recipients as of XXXXXX 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. <b>Total - Cumulative</b>	0	0

#### C. Taught in teacher shortage area:

1. Geographic	
2. Grade level	
3. Subject matter	
4. <b>Total - Cumulative</b>	0

#### D. Complete the Scholarship obligation:

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

#### E. Had the Scholarship obligation cancelled:

### Section III: Summary Outcomes for all Former Scholars

A. Not in repayment status and not teaching	0
B. Teaching	
C. In repayment status	0
D. Completed or cancelled obligation	0
E. Written-Off	0
F. <b>Total - Cumulative</b>	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): XX-XXX, XX.XXX

\_\_\_\_\_  
STREET ADDRESS

OMB NUMBER: 1840-0787

\_\_\_\_\_  
STREET ADDRESS

Expiration Date: XX/XX/XXXX

\_\_\_\_\_  
CITY/STATE/ZIP CODE

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