

**NATIONAL SECURITY EDUCATION PROGRAM (NSEP)
SERVICE AGREEMENT FOR SCHOLARSHIP AND FELLOWSHIP AWARDS**

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OMB approval expires

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G009, Alexandria, VA 22350-3100 (0704-0368). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Institute of International Education, National Security Education Program, 1400 K St. N.W., 6th Floor, Washington, DC 20005.

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C. 1901 et seq., as amended, DoD Directive 1025.02 and 1025.6, National Security Education Program, and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSES: To establish a service agreement for all individuals receiving NSEP scholarships or fellowships. The applicable SORN is DHRA 09 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6691/dhra-09.aspx>.

ROUTINE USE(S): In the case of a recipient in default of a service agreement, information to include Social Security Number may be disclosed to consumer reporting agencies; and to other governmental agencies to facilitate collection of amounts owed the government. The DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> also apply.

DISCLOSURE: Voluntary; however, DoD may revoke its proffer of your Scholarship or Fellowship if you do not furnish the requested information.

The information contained in this form will be entered by the Administrative Agent.

1. RECIPIENT

a. FULL NAME (<i>Last, First, Middle Initial</i>)	b. SOCIAL SECURITY NUMBER	c. TYPE OF AWARD (<i>X one</i>)	
		<input type="checkbox"/> SCHOLARSHIP	<input type="checkbox"/> FELLOWSHIP

d. MAILING ADDRESS

(1) STREET AND APARTMENT/SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE
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2. SATISFACTORY ACADEMIC PROGRESS AND SERVICE OBLIGATION ACKNOWLEDGEMENT

I agree that by accepting this National Security Education Program award, I will maintain the academic standards of my home and host institution(s) for the duration of my study program. In accepting this award, I also agree that upon completion of my study program I will seek employment in the Departments of Defense, Homeland Security, State, or the Intelligence Community, or, if no suitable position is available, anywhere in the Federal Government in a position with national security responsibilities. If I am unsuccessful in finding a Federal position after making a good faith effort to do so, I agree to seek employment in the field of education in a position related to the study supported by my scholarship/fellowship. I understand that I must fulfill the service requirement in one of the three options outlined above.

3. TERMINATION OF ASSISTANCE

I understand that this award may be terminated if I fail to maintain the academic standards of my home and host institutions during my study program. If this occurs I understand that I must reimburse the U.S. Government for the amount tendered to me for the award plus interest on that amount from the date of the award at the prescribed rate under Section 3717 of 31 U.S.C.

4. AMOUNT AND DURATION OF AWARD

a. AMOUNT	b. DURATION		
	(1) BEGINNING (YYYYMMDD)	(2) ENDING (YYYYMMDD)	(3) TOTAL NUMBER OF MONTHS

5. SERVICE OBLIGATION

Based on the currently calculated length of time covered by my award, I understand that my term of service will be _____ months. I understand that I am required to submit to the designated Administrative Agent the DD Form 2753, "Service Agreement Report," on an annual basis until all my obligations are satisfied. I understand that my work in fulfillment of the service agreement must be wholly completed within five years of my first date of service unless an approved deferral or extension has been granted. I understand that I must reimburse the U.S. Government for the amount of the award plus interest if I do not fulfill my work obligations incurred under this program.

6. CHANGES TO AWARD PROGRAM

I agree to obtain approval from the Administrative Agent for any academic or administrative change to the approved program for which this award was made (*i.e., course and schedule changes, withdrawals, incompletions, unanticipated or increased costs, etc.*).

7. DISCLAIMER

I understand that this Agreement does not in any way obligate the Federal Government, the Administrative Agent, or the educational institutions with which I am associated to provide me employment, or continue my employment.

8. CERTIFICATION BY RECIPIENT

In accepting my award, I certify that I have read and understand the Conditions, Terms, and Requirements of the Service Agreement and that I will comply with them. This Agreement is an important condition of your award. Please read it carefully before signing.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	9. FOR NSEP USE ONLY YEAR OF AWARD _____
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10. ADMINISTRATIVE AGENT

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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11. DIRECTOR, NATIONAL SECURITY EDUCATION PROGRAM

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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