

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

OMB No. 0704-0368
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 02G09, 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.

SEND THIS COMPLETED FORM BY MAIL, FAX, OR EMAIL TO: National Security Education Program
P.O. Box 20010
Arlington, VA 22219
Fax: 703-696-5667
Email: nsep@nsep.gov

For questions, call or email: (703) 696-1991; nsep@nsep.gov

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 PURPOSE(S): To document recipient's status and compliance in fulfilling the service requirement. The applicable SORN is DHRA 09 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.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, failure to furnish the requested information may result in NSEP not being able to process your request for service credit and you may be required to repay the amount of your award, plus interest.

SECTION I - DEMOGRAPHIC DATA

1. RECIPIENT NAME (Last, First, Middle Initial)	2. FORMER NAME	3. SOCIAL SECURITY NUMBER (Last 4 digits)
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4. CURRENT CONTACT INFORMATION			
a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. E-MAIL ADDRESS	f. HOME TELEPHONE NUMBER (Include area code)	g. SECONDARY OR WORK TELEPHONE NUMBER (Include area code)	

5. PERMANENT CONTACT INFORMATION			
a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. HOME TELEPHONE NUMBER (Include area code)			

SECTION II - RECIPIENT'S STATUS

6. I have been engaged in work in fulfillment of my requirement during this reporting period. (Complete Items 12 through 20 in Sections III and IV on the back.)
7. I have not graduated from nor terminated enrollment in the degree program pursued while receiving NSEP support. My anticipated graduation date is (Month/Year) _____. (Complete Items 17 and 20 in Section IV.)
8.a. I am furthering my education and request a deferral of the service requirement until I complete my _____ degree program at _____ (Institution); my expected graduation date is (Month/Year) _____. (Complete Items 17 and 20 in Section IV.)
b. I am furthering my education and do not request a deferral of the service requirement. My anticipated graduation date is (Month/Year) _____. (Complete Items 17 and 20 in Section IV.)
9. I have not yet obtained employment in fulfillment of my service requirement during this reporting period. (Complete Items 17 and 20 in Section IV.)
10. I request a one year extension, as the time for completing my service requirement has expired. (Submit detailed plan outlining how you plan to fulfill your service requirement during the extension period.) (Complete Items 17 and 20 in Section IV.)
11. I request a waiver from my service requirement. (Explain grounds for waiver on a separate piece of paper and attach to SAR. Please note that waivers are granted only in extreme cases. Also complete Items 17 and 20 in Section IV.)

SECTION III - DESCRIPTION OF SERVICE								
12. DATES		13. NUMBER OF HOURS PER WEEK	14. TYPE OF EMPLOYMENT (X one)					
a. FROM (MM/DD/YYYY)	b. TO (YYYYMMDD)		<input type="checkbox"/>	a. FEDERAL	<input type="checkbox"/>	c. CONTRACTOR	<input type="checkbox"/>	d. ACTIVE DUTY MILITARY
15. SUPPLEMENTAL INFORMATION (X all that apply)								
<input type="checkbox"/>	a. I use a foreign language in my position. (Explain:) _____							
<input type="checkbox"/>	b. My position requires a security clearance. (If so, type:) _____							
16. DESCRIPTION OF DUTIES (Please spell out all acronyms.)								
a. DEPARTMENT/ORGANIZATION INSTITUTION	b. BUREAU/AGENCY	c. OFFICE	d. TITLE					
e. Describe the work you are doing to fulfill your NSEP service requirement and how it relates to U.S. national security. If you are eligible to work in higher education and are doing so, describe the connection with your NSEP-funded study.								
SECTION IV - CERTIFICATION (NOTE: Service will NOT be approved without supervisor verification and signature.)								
17. I have activated and updated my resume on NSEPNET.			<input type="checkbox"/>	a. YES	<input type="checkbox"/>	b. NO		
18. CONTACT INFORMATION FOR EMPLOYING ORGANIZATION								
a. NAME OF EMPLOYING ORGANIZATION				b. SUPERVISOR'S TELEPHONE NUMBER (Include area code)				
c. STREET ADDRESS			d. CITY		e. STATE	f. ZIP CODE		
g. SUPERVISOR'S EMAIL ADDRESS								
19. SUPERVISOR VERIFICATION								
a. SUPERVISOR'S NAME (Last, First, Middle Initial)				b. TITLE				
c. SUPERVISOR'S SIGNATURE					d. DATE SIGNED			
20. I certify, to the best of my knowledge, that all of the above statements are true, complete, and correct. I agree to provide additional information as requested. I understand that my service requirement is completed upon receipt of written notification from NSEP. I agree to submit this form annually until my service is complete, or every six months if granted an extension. I will notify NSEP within 10 days if my contact information changes.								
a. NAME			b. SIGNATURE			c. DATE SIGNED		
SECTION V - FOR NSEP USE ONLY								
21. ACTION								
22.a. NAME OF NSEP OFFICIAL			b. SIGNATURE			c. DATE SIGNED		
23. LENGTH OF REQUIREMENT	24. MONTHS PREVIOUSLY APPROVED	25. APPROVED MONTHS	26. MONTHS REMAINING	27. YEAR OF AWARD	28. (X)			
					<input type="checkbox"/>	S	<input type="checkbox"/>	LF
					<input type="checkbox"/>	F	<input type="checkbox"/>	EHLS