PAUL DOUGLAS TEACHER SCHOLARSHIP PROGRAM

PERFORMANCE REPORT FOR FY 20XX

Reporting Period: July 1, 20XX - June 30, 20XX

STATE:

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Section I: Summary Repayment Information	Section II: Fulfillment of Scholarship Obligation	
A. Number of Recipients as of June 30, 20XX:	Number of Recipients as of June 30, 20XX who have	
In repayment status	A. Completed the teacher	
2. In default status	certification course of study:	
In deferment status		
4. Total - Cumulative 0	B. Taught by grade level:	Public-A Private-B
	Preschool level	
B. Not in repayment status & not teaching:	2. Elementary level	
Still pursuing course of study	3. Secondary level	
leading to teacher certification	4. Total - Cumulative	0 0
No longer pursuing teacher		
certification course of study	C. Taught in teacher shortage area:	
Certified to teach but not yet	Geographic	
teaching (grace period)	2. Grade level	
4. Total - Cumulative 0	3. Subject matter	
	4. Total - Cumulative	0
C. Amount repaid during FY 20XX:		
1. Principal	D. Completed the Scholarship obligation	ı:
2. Interest	By teaching	
3. Total \$0	By repaying the Scholarship	
J. 1944	By teaching & repayment	
D. Amount of principal as of June 30, 20XX:	4. Total - Cumulative	0
Total outstanding	4. Total Guilladave	<u> </u>
In default status	E. Had the Scholarship obligation	
3. In deferment status	cancelled:	
3. III determent status	curiculeu.	
E. Amount of uncollectible debt written	Section III: Summary Outcomes for All Form	er Scholars
off as of June 30, 20XX:	Section in. Summary Successes for Air Form	ci Scholars
Principal written-off	A. Not in repayment status and not teaching	0
Interest written-off	B. Teaching	0
3. Total - Cumulative \$0	*	0
	C. In repayment status	0
Number of Scholarships written-off	D. Completed or cancelled obligation	0
	E. Written-Off	
	F. Total - Cumulative	0
Section IV: Certification by Authorized Official		
I certify that the information provided in this Performance Report is based upon in	formation reflected in the official accounting and progra	am records of this agency. Upon
request, such records will be made available to the Secretary or his/her delegate	for review.	0 , .
	- 	
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	- F	orm Number(c): 40 04 D 04 470
STREET ADDRESS	- ED F0	orm Number(s): 40-31P, 84.176
OTTLE TO STREET		OMB NUMBER: 1840-0787
STREET ADDRESS	-	
	_	Expiration Date: XX/XX/2021
CITY/STATE/ZIP CODE		

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