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Students: *Registration*

Only Students previously accepted by a participating university and enrolled in the Scholarship For Service (SFS) Program may register and gain access to this system. If you are not an SFS enrollee, please select [here](#) for information on the SFS Program.

To register as an enrolled Student, complete the form below and then select **Submit**. Most of the data you enter below will feed into your online resumé. You will have the ability to edit your profile, but certain fields can only be changed by the SFS Program Office. Required fields are indicated by an asterisk(*). Once you have been approved you will receive an email confirmation, assigning you a temporary password. This may take up to two business days.

NOTE: If you are uncertain on what to enter, send an email to the SFS Program Office at sfs@opm.gov.

*First Name:	<input type="text"/>
Middle Name or Initial:	<input type="text"/>
*Last Name:	<input type="text"/>
Suffix (e.g., Jr., III or M.D.):	<input type="text"/>
*Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Confirm Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Date of Birth:	<input type="text"/> (Example: mm/dd/yyyy)
*University/College Attending:	<input type="text" value="- Please Select -"/>
*Discipline:	<input type="text" value="- Please Select -"/>
*Degree Program:	<input type="text" value="- Please Select -"/>
*Initial Funding Semester/Quarter (mm/yyyy):	<input type="text"/>
*Email Address:	<input type="text"/>
Alternate Email Address:	<input type="text"/>
*Expected Graduation Date (mm/yyyy):	<input type="text"/>
*Mother's Maiden Name:	<input type="text"/>
*Confirm Mother's Maiden Name:	<input type="text"/>

Submit





CyberCorps®: Scholarship for Service

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Students: Background Information

This information is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are treated in a highly confidential manner. The data will be used for studies and statistics and **will not** be used to identify individual respondents. All the fields are required and their values must be submitted before you can access the website.

*Gender:	-- Select Gender -- ▼
*Ethnicity:	-- Select Ethnicity -- ▼
*Race:	-- Select Race -- ▼
*High School State:	-- Select State -- ▼
*High School Type:	-- Select School Type -- ▼
<p>*Are you currently or formerly a member of the US Armed Forces?:</p> <p style="text-align: center;">-- Select Answer -- ▼</p>	
<p>*How many years were you employed in the public/private sector in a cyber-security position after receiving your first undergraduate degree but prior to receiving the SFS award? Specify your years of cyber-security experience by entering a value of 0, 1 or higher in the box below.</p> <p><i>Please Note: Employment as a research assistant or teaching assistant while pursuing a master's degree does NOT count as employment.</i></p> <p style="text-align: center;"><input style="width: 80px;" type="text"/> years</p>	

AGENCY OFFICIAL REGISTRATION PROCESS

<https://test.sfs.opm.gov/AOReg.aspx>

Suggested Sites  New Tab  Imported From IE

Agency Officials

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Agency Officials: Registration

To register as an Agency Official, complete the form below and then select **Submit**. Required fields are indicated by an asterisk(*). "Agency" should reflect your agency headquarters. (For example, if you work for the Federal Bureau of Investigation, you would select "U.S. Department of Justice" under *Agency* and Federal Bureau of Investigation under *Sub-Agency*.) Once you have been approved you will receive an email confirmation. This may take up to two business days.

*Agency Type: Federal State Local Tribal FFRDC/Other

*Agency:

*First Name:

*Last Name:

*Role:

*Address 1:

Address 2:

*City:

*State:

*ZIP+4 Code: - (+4 is optional)

*Phone Number:

Ext:

(Example: ### - ### - ####)

*Fax Number:

(Example: ### - ### - ####)

*Email Address:

Website:

Can we list your name and contact information on our website as a contact for this program to be made available **only to registered Agency Officials, registered students, and registered Principal Investigators?*

Yes No

Choose a Password - Please choose a password to secure your access for future visits to those pages restricted to Agency Officials.

Please enter a password and confirm it below. Your Password must be at least 8 characters and must contain 3 of the following:

1. Uppercase Letter (A-Z)
2. Lowercase Letter (a-z)
3. Number (0-9)
4. Special character (!, _, #, @, \$, %, &, *, +, =, ?, {, }, :, [,])

Passwords are case-sensitive and limited to 30 characters. Upon confirmation from the Program Office, you will be issued a User ID. If you have difficulty in changing your password, send an email to sfs@opm.gov.

*Password:

*Confirm Password:

PRINCIPAL INVESTIGATOR REGISTRATION PROCESS

OMB Approved # 3200-0240
Expires: 3/31/2017
[Privacy Act Statement](#)



CyberCorps® Scholarship for Service

[Principal Investigators](#)
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Principal Investigators: *Registration*

To register as a Principal Investigator from a participating institution, complete the form below and then select **Submit**. Required fields are indicated by an asterisk(*). Please do not use acronyms. Once you have been approved you will receive an email confirmation. This may take up to two business days.

*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Role:	<input type="text" value="Not Selected"/>
*University/College:	<input type="text" value="- Please Select -"/>
*Department/Field:	<input type="text"/>
*Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text" value="- Please Select -"/>
*ZIP+4 Code:	<input type="text"/> - <input type="text"/> (+4 is optional)
*Phone Number:	<input type="text"/> Ext: <input type="text"/>
	(Example: ### - ### - ####)
*Fax Number:	<input type="text"/>
	(Example: ### - ### - ####)
*Email Address:	<input type="text"/>
Website:	<input type="text"/>

Choose a Password - Please choose a password to secure your access for future visits to those pages restricted to Principal Investigators.

Please enter a password and confirm it below. Your Password must be at least 8 characters and must contain 3 of the following:

1. Uppercase Letter (A-Z)
2. Lowercase Letter (a-z)
3. Number (0-9)
4. Special character (!, _, #, @, \$, %, &, *, +, =, ?, {, }, :, [,])

Passwords are case-sensitive and limited to 30 characters. Upon confirmation from the Program Office, you will be issued a User ID. If you have difficulty in changing your password, send an email to sfs@opm.gov.

*Password:	<input type="password"/>
*Confirm Password:	<input type="password"/>