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

Submit

U.S. OFFICE OF PERSONNEL MANAGEMENT
Recruiting, Retaining and Honoring a World-Class Workforce to Serve the American People

Search Go
Advanced Search

OMB Approved # 3206-0246
Expires: 3/31/2017
Privacy Act Statement

CyberCorps®: Scholarship for Service

CyberCorps®
Defending America's Cyberspace

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 -- ▼

*Are you currently or formerly a member of the US Armed Forces?:
-- Select Answer -- ▼

*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.

Please Note: *Employment as a research assistant or teaching assistant while pursuing a master's degree does **NOT** count as employment.*

[　　　] years

Submit

AGENCY OFFICIAL REGISTRATION PROCESS

Suggested Sites   New Tab   Imported From IE

Agency Officials
SFS Main
FAQs
Registration
Login

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: -- Please Select --   ▼

*First Name: [   ]

*Last Name: [   ]

*Role   Not Selected ▼

*Address 1: [   ]

Address 2: [   ]

*City: [   ]

*State: - Please Select -   ▼

*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: [   ]

Submit

PRINCIPAL INVESTIGATOR REGISTRATION PROCESS

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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:	
*Last Name:	
*Role	Not Selected ▼
*University/College:	- Please Select - ▼
*Department/Field:	
*Address 1:	
Address 2:	
*City:	
*State:	- Please Select - ▼
*ZIP+4 Code:	[ ] - [ ] (+4 is optional)
*Phone Number:	[ ] Ext: [ ] (Example: ### - ### - ####)
*Fax Number:	[ ] (Example: ### - ### - ####)
*Email Address:	
Website:	

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:	
*Confirm Password:	

Submit