TATES OF AMERICA

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES

OMB Control Number: 1820-0686 Expiration: 08/31/2014

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 67 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory per the Individuals with Disabilities Education Act of 2004 (IDEA) and its corresponding regulations 34 CFR Part 304 printed in the Federal Register Volume 70 No. 57 March 25, 2005 and Vol. 71 No. 107 June 5, 2006. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0686. Note: Please do not return the completed Service Obligation Agreement to this address.

Service Obligation Agreement

For a Scholarship Received from a Personnel Preparation to Improve Services and Results for Children with Disabilities

Grant Awarded in Fiscal Year 2006 and Any Year Thereafter

Service Obligation Agreement Between
Name of Scholar
And
Name of Grantee

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Prior to granting a scholarship, the grantee will require each scholar to enter into a written agreement in which the scholar agrees to the terms and conditions set forth in the regulations published on June 5, 2006 implementing section 662(h) of IDEA (see 34 CFR part 304), including the requirement that the Secretary track the service obligations of scholarship recipients. These requirements are attached. The requirements and FAQs are also available at http://www.serviceobligations.ed.gov/ProgramRegs2006.cfm, and http://www.serviceobligations.ed.gov/2006faq.cfm. According to section 304.23(a), the Secretary may grant a deferral or an exception to the work or repayment requirements upon request, if a scholar or an obligee can provide sufficient evidence to substantiate eligibility.

The current address of the Department of Education for purposes of this agreement is: OSEP Service Obligations Contact
Grants Awarded in FY 2005, FY 2006 and Any Year Thereafter
US Department of Education
Office of Special Education Programs
400 Maryland Avenue, SW
Washington, DC 20202-2600

To Be Completed by the Grantee

Grant Award Number: H325
Grantee:
Project Title:
Course of Study or Program:
Project Director:
Date of Scholarship Assistance and Service Obligation Meeting:

To Be Completed by the Scholar

-	Scholar Name:
]	Date of Birth:
-	Social Security Number:
9	Street Address:
	City, State, Zip Code:
	E-mail Address:

Alternate Contact Information

Name:	
Relationship:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
E-mail Address:	



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To Be Completed by Scholar

I have:

- (a) read and understand the attached service obligation regulations and FAQs, including the service obligation of two years of service for every academic year of support or to repay the scholarship;
- (b) read Attachment A (US Citizenship and Residency Requirements) of this Agreement;
- (c) provided the information requested of me in this Agreement and Attachment A to the grantee representative;
- (d) completed the Certification of Eligibility for Federal Assistance form (ED 80-0016); and I agree to comply with the regulations published on June 5, 2006 implementing section 662(h) of IDEA (see 34 CFR part 304), including the requirement to provide the information necessary to the Secretary to track my service obligation.

Scholar Name (Please print)	Scholar Signature	Date			
To be Completed by Grantee Representative I have met with the scholar and discussed the service obligation requirements and provided him/her with a copy of the regulations and the frequently asked questions.					
Grantee Representative Name (Please print)	Grantee Representative Signature	 Date			

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Exit Certification

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To be completed by the Grantee Representative/Project Director when a scholar exits or completes the program:

Grant A ward Number:				
Institution of Higher Education:				
Grantee Representative:				
Project Title:				
Service Obligation Information				
Number of academic years IDEA				
scholarship assistance was received				
Date of program completion				
Total amount of IDEA scholarship				
assistance received	\$			
Number of years of eligible work needed to				
satisfy the service obligation				
Time period during which the scholar must				
satisfy the service obligation				



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OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES

OMB Control Number: 1820-0686 Expiration: 08/31/2014

To be completed by the Grantee Representative or Scholar upon exiting or completing the program:

Scholar Contact Information

Scholar Name				
Scholar Social Security Number				
Scholar Address after Completing or				
Exiting the Program				
Scholar E-mail Addresses after Completi	ng			
or Exiting the Program				
Scholar Telephone Number after				
Completing or Exiting the Program				
Phone number, address and e-mail addre	ss			
for the scholar's family member or friend	l l			
who can forward mail, if necessary.				
Scholar's employer, if known (Agency nar	me,			
address, and telephone number)				
I certify that the Service Obligation in this Exit Certification is correct.				
Grantee Representative Signature	Date			
I understand and agree that the Service Obligation and Contact Information in this Exit Certification are correct.				
Scholar Name Schola (Please print)	r Signature Date			