# 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 <a href="ICDocketMgr@ed.gov">ICDocketMgr@ed.gov</a> 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 <a href="http://www.serviceobligations.ed.gov/ProgramRegs2006.cfm">http://www.serviceobligations.ed.gov/2006faq.cfm</a>. 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:	
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

(Please print)

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
	sed the service obligation requirements and p	provided
him/her with a copy of the regulations		
Grantee Representative Name	Grantee Representative Signature	Date