

## 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](mailto: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**

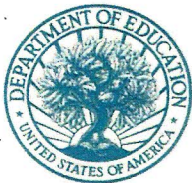
Service Obligation Agreement  
Between

\_\_\_\_\_  
Name of Scholar

And

\_\_\_\_\_  
Name of Grantee

400 Maryland Ave., S.W., Washington, D.C. 20202  
[www.ed.gov](http://www.ed.gov)



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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 FY2005, FY2006 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**

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 the US Citizenship and Residency Requirements as outlined in § 304.22 Requirements for grantees in disbursing scholarship of the 2006 Regulations;
- (c) provided the information requested of me in this Agreement to the grantee representative;
- (d) completed the Certification of Eligibility for Federal Assistance form (ED 80-0016); and
- (e) 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