

REHABILITATION SERVICES ADMINISTRATION (RSA) SCHOLARSHIP DEFERRAL REQUEST FORM

SECTION I. GENERAL GRANTEE INFORMATION

University Name/Sponsoring Agency: _____

Department: _____

Phone Number: _____ E-mail Address: _____

I have confirmed that there is a signed Payback Agreement on file with this scholar:

Yes

No, I will contact the RSA Project Officer to discuss the circumstances of the scholar's Payback

I have confirmed that there is a signed Exit Form on file with this scholar: Yes No

P/R Award Number	Project Director	Academic Year	From (month/year)	To (month/year)	Number of academic years	Scholarship Amount*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals					_____	_____

* "Scholarship Amount" includes all financial assistance provided to the student by the RSA grant for tuition, stipends, fees and travel in conjunction with training assignments.

Section II. General Scholar Information

Scholar's Name (last, first, middle initial): _____

Former/Maiden Name: _____ Social Security No.: _____

Permanent Address: _____

Scholar's Phone Number: (Home) _____ (Cell): _____

E-mail Address: _____

Total Scholarship Amount Awarded: \$ _____ Total Scholarship Amount Owed: \$ _____

Dates of attendance as a scholarship recipient: from: _____ to: _____

When did the scholar complete the degree/certificate program (graduation date): _____

The most successful contact with the scholar was made on (date): _____

Enclosed is evidence of contact made with the scholar (i.e. copy of E-mail or other correspondence).

Section III. Deferral Request Information

Repayment of a scholarship may be deferred during the time the scholar is (select one):

Engaged in a full-time course of study at an institution of higher education

Please enclose an official student transcript(embossed with a seal) or signed document from the university clearly showing:

- the name and information (address, phone number, department) of the university the scholar is planning to attend or currently attending;
- the scholar is enrolled full-time in a degree or certificate program; and
- the date of initial enrollment and anticipated completion date.

Serving, not in excess of three years, on active duty as a member of the armed services of the United States;

Please enclose a signed document from the armed forces division clearly showing:

- the scholar is on active duty; and
- the start date of service and anticipated completion time or projected time commitment.

Serving as a volunteer under the Peace Corps Act;

Please enclose documentation from the Peace Corps showing:

- The start date of the assignment and the anticipated completion date or time commitment.

Serving as a full-time volunteer under title I of the Domestic Volunteer Service Act of 1973;

Please enclose the appropriate documentation from the volunteer organization showing:

- the scholar has a full-time volunteer position under the Title I of the Domestic Volunteer Services Act of 1973; and
- the start date of the assignment and the anticipated completion date or time commitment.

Temporarily totally disabled for a period not to exceed three years; or

Please enclose documentation from a qualified, licensed physician showing:

- a statement that the former scholar is temporarily totally disabled;
- the expected time the scholar is expected to be temporarily totally disabled;
- a statement of diagnosis and prognosis.

Unable to secure employment as required by the payback agreement by reason of care provided to a disabled spouse for a period not to exceed 12 months.

Please enclose a signed documentation from a qualified, licensed physician showing:

- the spouse of the scholar is disabled.

Section IV. Scholarship Employment Repayment Information

If the scholar completed the program, has the scholar completed any work repayment in an acceptable place of employment?

- No
- Yes, I have verified that the scholar has worked in qualifying employment for a total of _____ years, leaving a monetary balance owed in payback of \$_____.

If yes, please complete the following scholar employment information and include signed documentation from the employer:

1. Employer Name _____
2. Position Title: _____
3. Dates of Employment (month/year): from: _____ to: _____
 Enclosed is signed documentation from the employer confirming the scholar's employment. Documentation should be on official stationery including an address and telephone number.
4. Hours of employment: Full-time (hours per week): _____ Part-time (hours per week): _____
5. Description of employing agency:
 State Rehabilitation Agency or Related Agency Nonprofit Rehabilitation Agency or Related Agency
 Professional corporation or practice group Other: _____
6. Does employing agency have a service arrangement with the designated State agency or working cooperative agreement in place regarding the referral or provision of services to clients of a State VR? Yes No

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 State Rehabilitation Agency or Related Agency Nonprofit Rehabilitation Agency or Related Agency
 Professional corporation or practice group Other: _____
6. Does employing agency have a service arrangement with the designated State agency or working cooperative agreement in place regarding the referral or provision of services to clients of a State VR? Yes No