

## Rehabilitation Services Administration (RSA) Scholarship Exception/Waiver 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:						
<input type="checkbox"/> Yes <input type="checkbox"/> 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:						
<input type="checkbox"/> Yes <input type="checkbox"/> 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): _____	
<input type="checkbox"/> Enclosed is evidence of contact made with the scholar (i.e. copy of E-mail or other correspondence).	

Section III. Exception/Waiver Information
Listed below are the allowable reasons an exception or waiver request may be made. Please check the applicable reason and

submit the supporting documentation as specified for consideration and processing (select one):

- Former scholar is unable to continue the course of study or perform the work obligation because of a disability that is expected to continue indefinitely or result in death.

*Please enclose signed documentation from a qualified, licensed physician stating that the scholar:*

- is unable to continue the course of study because of a disability that is permanent; or  
 is unable to perform the work obligation because of a disability that is expected to continue indefinitely or is permanent.

- Former scholar is deceased.

*Please enclose:*

- an official copy of the death certificate or other evidence conclusive under state law.