

## REHABILITATION SERVICES ADMINISTRATION (RSA) REPAYMENT OF SCHOLARSHIP INFORMATION

### 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: \_\_\_\_\_

Did the scholar complete the degree/certificate program (select one)?

Yes, the Scholar Graduated on (date): \_\_\_\_\_

No, the Scholar Voluntarily Withdrew/Dropped Out on (date): \_\_\_\_\_

No, the Scholar was Removed from the program for academic reasons on (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 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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 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