

**NATIONAL SECURITY EDUCATION PROGRAM (NSEP)
SERVICE AGREEMENT REPORT (SAR) FOR SCHOLARSHIP AND FELLOWSHIP AWARDS**

*Form Approved
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The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0368), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

**IF YOU ARE AN UNDERGRADUATE NSEP BOREN SCHOLAR,
RETURN THIS FORM TO:**

**IIE
National Security Education Program
1400 K Street NW, 6th Floor
Washington, DC 20005-2403**

**IF YOU ARE A GRADUATE NSEP BOREN FELLOW, RETURN THIS FORM
TO:**

**AED
National Security Education Program
1825 Connecticut Ave. NW, Suite 900
Washington, DC 20005-5721**

PRIVACY ACT STATEMENT

AUTHORITY: P.L. 102-183, David L. Boren National Security Education Act of 1991, December 4, 1991, as amended, DoDD 1025.2, and E.O. 9397.

PRINCIPAL PURPOSE(S): To monitor the award winner's progress toward fulfilling the service agreement required of NSEP scholarship and fellowship recipients.

ROUTINE USE(S): In the case of a recipient in default of a service agreement, information may be disclosed to consumer reporting agencies to report credit information; and to other governmental agencies or private organizations to facilitate collection of amounts owed the government. Information is also subject to review through computer matching programs with other agencies to verify employment status and to help collect any delinquent debt incurred as a result of the NSEP.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your being required to reimburse the U.S. Treasury for the total cost of your scholarship or fellowship.

SECTION I - DEMOGRAPHIC DATA

1. RECIPIENT NAME <i>(Last, First, Middle Initial)</i>	2. FORMER NAME	3. SOCIAL SECURITY NUMBER	

4. CURRENT CONTACT INFORMATION

a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. E-MAIL ADDRESS	f. HOME TELEPHONE NUMBER <i>(Include area code)</i>	g. SECONDARY OR WORK TELEPHONE NUMBER <i>(Include area code)</i>	

5. PERMANENT CONTACT INFORMATION

a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. HOME TELEPHONE NUMBER <i>(Include area code)</i>	f. SECONDARY OR WORK TELEPHONE NUMBER <i>(Include area code)</i>		

SECTION II - RECIPIENT'S STATUS *(X one)*

<input type="checkbox"/>	6. I HAVE BEEN ENGAGED IN WORK IN FULFILLMENT OF MY OBLIGATION DURING THIS REPORTING PERIOD. <i>(Complete Items 13 through 21 in Sections III and IV on the back.)</i>
<input type="checkbox"/>	7. I HAVE NOT GRADUATED FROM NOR TERMINATED ENROLLMENT IN THE DEGREE PROGRAM PURSUED WHILE RECEIVING NSEP SUPPORT. MY ANTICIPATED GRADUATION DATE IS <i>(Month/Year):</i> _____ <i>(Complete Item 21 in Section IV.)</i>
<input type="checkbox"/>	8. I AM FURTHERING MY EDUCATION. I AM ENROLLED IN A _____ DEGREE PROGRAM AT _____ <i>(Institution)</i> AND MY EXPECTED GRADUATION DATE IS <i>(Month/Year)</i> _____. <i>(Complete Item 21 in Section IV.)</i>
<input type="checkbox"/>	9. I HAVE NOT OBTAINED EMPLOYMENT YET IN FULFILLMENT OF MY SERVICE OBLIGATION DURING THIS REPORTING PERIOD. <i>(Complete Item 21 in Section IV.)</i>
<input type="checkbox"/>	10. DEFERRAL REQUEST: THE TIME FOR COMPLETING MY SERVICE OBLIGATION HAS EXPIRED, AND I REQUEST A ONE YEAR EXTENSION IN ORDER TO FIND EMPLOYMENT THAT WILL FULFILL MY SERVICE OBLIGATION. <i>(Explain reasons for deferral on a separate piece of paper and attach to SAR. Also complete Item 21 in Section IV.)</i>
<input type="checkbox"/>	11. I REQUEST A WAIVER FROM MY SERVICE REQUIREMENT. <i>(Explain grounds for waiver on a separate piece of paper and attach to SAR. Please note that waivers are granted only in extreme cases. Also complete Item 21 in Section IV.)</i>

12. FOR NSEP USE ONLY

a. LENGTH OF OBLIGATION	b. MONTHS PREVIOUSLY APPROVED	c. RECOMMENDED MONTHS FOR APPROVAL	d. MONTHS REMAINING	e. YEAR OF AWARD

SECTION III - DESCRIPTION OF WORK OR SERVICE

13. NUMBER OF MONTHS ENGAGED IN WORK OR SERVICE DURING THIS REPORTING PERIOD	14. DATES		15. NUMBER OF HOURS PER WEEK
	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)	

16. TYPE OF SERVICE (<i>X one</i>)		17. TYPE OF EMPLOYMENT (<i>X one</i>)		
<input type="checkbox"/>	a. FEDERAL EMPLOYMENT	<input type="checkbox"/>	b. HIGHER EDUCATION	<input type="checkbox"/>
<input type="checkbox"/>	a. FULL TIME	<input type="checkbox"/>	b. PART TIME	<input type="checkbox"/>
		c. INTERNSHIP		

18. DESCRIPTION OF DUTIES (Please spell out all acronyms.)

a. AGENCY/ORGANIZATION/INSTITUTION	b. OFFICE/DEPARTMENT/DIVISION	c. POSITION TITLE
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d. CLEARLY DESCRIBE WORK YOU ARE DOING THAT FULFILLS YOUR NSEP SERVICE OBLIGATION.

SECTION IV - CERTIFICATION (NOTE: Service will NOT be approved without supervisor verification and signature.)**19. CONTACT INFORMATION FOR EMPLOYING ORGANIZATION**

a. NAME OF EMPLOYING ORGANIZATION		b. STREET AND SUITE NUMBER	
c. CITY	d. STATE	e. ZIP CODE	f. SUPERVISOR'S TELEPHONE NUMBER (Include area code)

20. SUPERVISOR VERIFICATION

a. SUPERVISOR'S NAME (<i>Last, First, Middle Initial</i>)	b. TITLE
c. SUPERVISOR'S SIGNATURE	d. DATE SIGNED (YYYYMMDD)

21. I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, COMPLETE, AND CORRECT.

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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22. FOR NSEP USE ONLY. THE ACTIVITY PROPOSED BY NSEP SCHOLAR/FELLOW IN SECTION III IS APPROPRIATE WORK TO HELP FULFILL THE SERVICE OBLIGATION.

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE OF NSEPO OFFICIAL	c. DATE SIGNED (YYYYMMDD)
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