

RSA EXITED SCHOLAR PAYBACK OBLIGATION INFORMATION**SECTION A****SCHOLAR CONTACT INFORMATION:**

Full Name: _____
Permanent Address: _____
(Include City, State ZIP) _____
Email Address: _____

SECTION B**EMPLOYMENT INFORMATION: Employment information from October 1, 2016 through September 30, 2017**

Employer: _____
Position/Title: _____
Dates of Employment:* From: _____ To: _____

*please enter month/day/year

DESCRIPTION OF EMPLOYING AGENCY:

- ____ State Rehabilitation Agency or Related Agency
____ Nonprofit Rehabilitation Agency or Related Agency
____ Professional corporation or practice group
____ Rehabilitation agency or a related agency, including a professional practice group (which may include for-profit organizations), through which the individual has a service arrangement (written or unwritten) with the State/Federal vocational rehabilitation agency to provide needed services to vocational rehabilitation consumers.
____ Other (please describe): _____

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

SECTION C**NON-QUALIFYING AND OTHER EMPLOYMENT STATUS**

- ____ Not Employed, I am under the 2-yr grace period
____ Employed, Non-Qualifying Employment*
____ Not Employed*

*Please use a separate sheet and provide a statement indicating reason for Non-Qualifying Employment or Unemployment.

By signing this report, I certify that the report is true, complete and accurate, and are for the purposes and objective set forth in the terms and conditions of the Federal award.

Scholar's Signature

Date

