

**SCHOLAR PAYBACK 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, 2015 through September 30, 2016**

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 Signature\_\_\_\_\_  
Date