

CAREER/OCCUPATIONAL-BASED SCHOLARSHIP PROGRAMS

Annual Service Obligation Questionnaire



SPECIAL NOTE: Failure to complete and return this questionnaire by the deadline on the enclosed letter may place your scholarship/grant into repayment status. Complete only the sections that pertain to your situation.

SECTION A: Recipient Information (Please print clearly)

1. Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may have been kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____
4. Home phone: _____ Work phone: _____
5. E-mail address: _____
6. Maryland college/university from which you graduated (if applicable): _____
7. Graduation date (month/year): _____ Specific degree received: _____
(i.e. B.S. in Computer Science)

SECTION B: Check the Situation that Best Applies to You

I am seeking to postpone (defer) my service or repayment obligation because:

- I am currently enrolled as a full-time or part-time* degree-seeking student at an institution of higher education.
Specific major: _____ Anticipated date of graduation: ____/____/____
(Certification of Registrar is required. Complete Sections C and D.)
- I am enrolled full-time in an academic program leading to a master's degree/doctoral degree for a period not to exceed five years from the date my undergraduate degree was completed. (Certification of Registrar is required. Complete Sections C and D.)

**Deferment for part-time enrollment not available for the following programs: HOPE (General, Sci-Tech & MD Teacher) Scholarship, CCP, DEV-DIS, DSTE, PTOT, SNS, WDS, SCM*

(Over, please)

I am on a temporary leave of absence from employment. (Written verification from employer is required.)

Dates of leave of absence: from ____/____/____ to ____/____/____

I have a temporary disability that prevents me from working on a full-time basis. (Written verification from qualified physician is required.)

Dates of disability leave: from ____/____/____ to ____/____/____

I have been unable to secure employment for a period not to exceed twelve (12) months due to the care required by a spouse or child who is disabled. (Written verification from qualified physician is required.)

I am actively seeking employment for a period not to exceed twelve (12) months beyond my date of graduation. **Please provide proof of evidence that you have sought employment aggressively in all regions of the State in which eligible employment opportunities exist in the eligible fields.**

I (or my spouse) have been assigned military duty outside of the State of Maryland (Please include a copy of the military orders).

Other (Please include a letter of explanation)

NOTE: Completion of the service obligation or repayment of the scholarship will be required at the end of the deferment period.

I must begin repayment of my scholarship/grant because:

I am employed part-time only.

I am employed outside the State of Maryland.

I am working full-time in the State of Maryland. (Complete Sections C and E.)

SECTION C - Recipient Certification:

I certify that the information provided by me in the questionnaire is true and complete to the best of my knowledge. I also agree to inform the Office of Student Financial Assistance, in writing, immediately upon the termination of my claimed status, or if there are any changes to name, address, place of employment or college/university study.

Signature of recipient

Date

SECTION D: Registrar Certification Form: (to be completed by college/university)

Student is responsible for returning completed form.

NOTE: This section of the form should only be completed if the recipient is requesting deferment due to continuing enrollment.

I certify that the student listed below is enrolled for the current semester at this college/university:

1. Social Security Number: ____ - ____ - ____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
3. Specific name of program / major: _____
4. Name of college / university: _____
5. Semester enrolled: _____
6. Enrollment status: ____ Full-time (12+ credits for undergraduate; 9+ credits for graduate)
____ Part-time (6-11 credits for undergraduate; 6-8 credits for graduate)
____ Less than 6 credits (may result in repayment)

7. _____
Please affix official college/university seal here

8. _____
Signature of certifying official Date

9. _____
Printed name of official Telephone

10. _____
Title of certifying official E-mail

Please return completed questionnaire to:

Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: Service Obligations
6 North Liberty Street, Ground Suite
Baltimore, MD 21201

(Over, please)

SECTION E - Employment/Service Obligation Information:

NOTE: An Employee Information Release Form must be completed for each employer who is to be considered for service obligation fulfillment.*

1. Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

2. Last name: _____ First name: _____ MI: _____

Employee Information Release Statement

I hereby authorize my employer to provide the information requested by the Maryland Higher Education Commission – Office of Student Financial Assistance. I also release my employer from any liability for the consequences of this release.

Signature of recipient _____ Date: ____/____/____

Employment Information (to be completed by the recipient of the scholarship)

1. Name of Employer: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

2. Supervisor's Name: _____ Title: _____

3. Telephone number: _____ e-mail: _____

4. Recipient's job title: _____

5. Briefly describe recipient's primary responsibilities: _____

6. Employment status: full-time part-time

7. Dates of employment: from ____/____/____ to ____/____/____

* You may make as many copies of this form as needed.