

Workforce Shortage Student Assistance Grant Program Annual Service Obligation Questionnaire



SPECIAL NOTE: Failure to complete and return this questionnaire by the deadline on the enclosed letter may place your Workforce Shortage Scholarship 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. College/university from which you graduated: _____

7. Graduation date (month/year): _____ Degree received: _____

8. Teacher certification field (if applicable): _____

9. Service Area in which you applied for and received the scholarship (**please check only one**):

<input type="checkbox"/> Child Development/Early Childhood Education	<input type="checkbox"/> Occupational Therapy/ Physical Therapy
<input type="checkbox"/> Human Services	<input type="checkbox"/> William Donald Schaefer Scholarship/Law
<input type="checkbox"/> Sharon Christa McAuliffe Scholarship for Education *	<input type="checkbox"/> Parren J. Mitchell Scholarship/Social Work
<input type="checkbox"/> Parren J. Mitchell Scholarship/ Public Service	
<input type="checkbox"/> Nursing	

***For teaching what is the specific critical shortage area:** _____

PLEASE SEE PAGE ENCLOSED WHICH LISTS THE SERVICE AREAS AND REQUIREMENTS

SECTION B: Check the Situation that Best Applies to You:

• **I am seeking to postpone (defer) my service or repayment obligation.**

- I am currently enrolled in a full-time or part-time degree granting program. (Certification from registrar is required. Complete sections C and D.)
- 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 full-time for a period not to exceed three (3) years. (Written verification from a 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 spouse or child who is disabled. (Written verification from a qualified physician is required.)
- I am actively seeking employment for a period not to exceed twelve (12) months beyond my date of graduation. (Recipients are required to seek employment aggressively in all regions of the State in which eligible employment opportunities exist in Maryland.)
- I am (or my spouse) assigned to military duty outside of the State (please include a copy of military orders).
- Other: Please explain (on a separate sheet of paper). Include any additional documentation that supports or details your current situation.

• **I must begin repayment of the Workforce Shortage Student Assistance Grant because:**

- I am employed in a field other than the service area in which I received the scholarship
- I am employed as a teacher but not in the critical shortage area that I received the scholarship
- I am employed outside the State of Maryland.
- I am no longer enrolled as a full-time or part-time degree-seeking student at an institution of higher education.
- I am enrolled in another course of study. (Certification from registrar is required, and repayment will be necessary at the end of the deferment period. Complete sections C and D.)

Other – Please explain: _____

SECTION C: Recipient Certification

I certify that the information provided by me in this 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)

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. 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

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 address

Please return completed questionnaire to:

**Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: Workforce Shortage Student Assistance Grant Program
6 N. Liberty St, Ground Suite
Baltimore, MD 21201**

(Over, please)

SECTION E: Employment/Service Obligation

NOTE: An Employee Information Release Form must be completed for each employer who is to be considered for service obligation fulfillment.* As per your signed promissory note, you are required to fulfill your service obligation as is written in the service requirements sheet. Failure to do so will cause you to go into repayment

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

1. Specific place of employment: _____

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.

SERVICE REQUIREMENTS

Upon completion of studies in the eligible fields, the recipient of a Workforce Shortage Student Assistance Grant will begin eligible employment in the State within one year after completion of studies. If a recipient works full-time, the obligation will be fulfilled at a rate of one-year for each year that the award was received, even if enrolled on a part-time basis for some of the semesters. If a recipient works part-time, the obligation will be fulfilled at a rate of two-years for each year the scholarship was received, even if enrolled on a part-time basis. Full-time employment is considered to be at least 35 hours per week and part-time is at least 20 hours per week. Employment for specific service obligation areas must correspond with service area majors for which recipients received their awards. Eligible employment for each service area is defined below.

Child Care:

Recipients must be employed in the State of Maryland as a director or senior staff member in a licensed Maryland childcare center or as a licensed family day care provider in Maryland.

Ida G. and L. Leonard Ruben Scholarship (Human Services):

Recipients must be employed in a Maryland community-based program that is licensed by the Developmental Disabilities Administration or approved by the Mental Hygiene Administration or certified by the Office of Health Care Quality; or in a residential program that is licensed by the Department of Human Resources or the Department of Juvenile Justice.

Recipients must be a direct service employee or provide first-line supervision of employees who provide habilitation, rehabilitation, residential, or related community support services to individuals with developmental disabilities, mental health disorders, or who are dependent on alcohol or drugs; or who serve children in the custody of a local Department of Social Services or in any residential childcare program licensed by the Department of Human Resources or the Department of Juvenile Justice.

Recipients must be employed by a State or local government entity in Maryland as a direct care service employee or provide first-line supervision of employees who provide habilitation, rehabilitation, residential, or related community support services to individuals with developmental disabilities, mental health disorders, who are dependent on alcohol or drugs; or who serve children in the custody of a local residential childcare program.

Sharon Christa McAuliffe Memorial Teacher Education Scholarship:

Recipients must become a certified teacher in Maryland in the certification area in which they applied and were awarded, and then be employed in a Maryland public or private elementary or secondary school as a teacher in that area, or the recipient may become certified in any teaching field as long as the individual commits to working in a Title I school or a school designated for improvement.

The Office of Student Financial Assistance shall forgive a teacher recipient of a Workforce Shortage Student Assistance Grant for up to 2 years of an award if the recipient has taken the teacher certification examination, approved by the State Board of Education, in 2 consecutive years and the recipient fails to pass the teacher certification examination within the time period specified by the Office of Student Financial Assistance.

Nursing :

Recipients must be employed as a nurse in a licensed hospital, adult day care center, nursing home, public health agency, home health agency or other organization authorized by the Secretary of Health and Mental Hygiene, or as a nurse faculty member at an eligible institution of postsecondary education that awards

nursing degrees or diplomas. Employment as a nurse at a health maintenance organization (HMO) or a physician's private office does not meet the service requirement.

Physical and Occupational Therapy:

Recipients must be employed as a therapist or therapy assistant to handicapped children in a public school in Maryland or to handicapped children placed in an approved non-public education program or to provide physical or occupational therapy in a State therapeutic hospital determined by the Secretary of Health and Mental Hygiene to have a severe shortage of physical or occupational therapists.

Law, Social Work, or Other:

Recipients must be employed in Maryland in public service. Eligible employment is defined as employment in government at any level, public interest organizations, public schools, and nonprofit organizations under 501(c)(3) or

(4) of the Internal Revenue Code of 1986, such as those whose primary purposes are to help needy or disadvantaged

persons, or disabled individuals, or to protect the environment.

PLEASE CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING YOUR SERVICE REQUIREMENT.