Scholar Record Form- This form shows the items presented in the scholar record that the Grantee is responsible for completing.

Scholar Record

Grantee Instructions for the Scholar Record

- · Required Fields:Please complete the following questions for the scholar record. Required items are marked with an asterisk.
- · Entering Scholars: Please note that scholars may only be entered into the PIMS under one RSA RLTT grant at a time. If a scholar is funded sequentially under multiple RLTT funded grants, please exit the scholar from the first RLTT grant and ensure that the scholar completes the Exit Certification from that RLTT grant. Then, the scholar and grantee must submit a new Payback Agreement under the next RLTT grant from which the scholar will receive funds. Please contact the PIMS Help Desk at 1-800-832-8142 or send an email to RLTTHelpDesk@ed.qov for further information, if needed.
- · System Timing Out: You will be logged out of the system if you do not click the Save for Later or Save and Submit button after 30 minutes.
- · Saving and Submitting Records: To save a record for future editing or completion, click on the Save for Later button. This will create a pending record. When you have completed entry for a scholar, check the box in Section J. Then, click on the Save and Submit button. When the record is "submitted" for a scholar who has exited or completed the program, it CANNOT be edited. To edit those submitted records, please contact the Help Desk. However, records submitted for currently enrolled scholars can be edited.
- · Scholar Access to System: Scholars are given access to the system when their records are submitted. If they have exited the training program they are eligible to begin fulfilling their service obligation per Program Regulations: §386.40(a)(7).

Grant Award Number: TEST140001

Repayment Control Number: Scholar ID: 0

| A. IDENTIFYING INFORMATION | | |
|---------------------------------------|---------------------------------------|----------------|
| * First Name: | Middle Name: | * Last Name: |
| | | |
| Maiden Name, if applicable: | * Social Security Number: | Date of Birth: |
| | | |
| * Primary E-mail Address: | * Verify Primary E-mail Address: | |
| (Do not use university email address) | (Do not use university email address) | |
| Alternative E-mail Address: | Verify Alternative E-mail Address: | |
| | | |

| Permanent Address | | |
|------------------------------|-----------------------------------------------|---------------------------------------------------|
| Address: | Address Line 2: | |
| | | |
| City: | * State: | * Zip Code: |
| | Please Select a State 🗸 | |
| Home Phone: | Cell Phone: | |
| | | |
| | | |
| Secondary Address | | |
| Address: | Address Line 2: | |
| | | |
| City: | State: | Zip Code: |
| | Please Select a State 🗸 | |
| Other Phone: | Fax: | |
| | | |
| | | |
| C. ALTERNATE CONTACT I | INFORMATION | |
| Address and contact informat | tion for a relative or other person through w | which PIMS may contact the scholar, if necessary. |
| First Name: | Last Name: | |
| | | |
| | | |
| E-mail Address: | Verify Primary E-mail Address | : |
| E-mail Address: | Verify Primary E-mail Address | : |
| | Verify Primary E-mail Address Address Line 2: | |
| E-mail Address: Address: | | : |
| | | : Zip Code: |
| Address: | Address Line 2: | |
| Address: | Address Line 2: State: | |

D. Payback Agreement

* Please upload a copy of the completed and signed Payback Agreement for this scholar.

Upload Files

Uploaded File:

 \square Grantee has contacted the Helpdesk and does not have a Payback Agreement.

DO NOT upload blank or unsigned agreements.

Files cannot exceed 6 MB in total between the files uploaded in Section D, Section E, and Section I. If the files are larger than 6 MB in total, please compress the files or alter the scanning resolution. For best results, please ensure the scanner is set to a resolution of no larger than 300 dpi and "Black & White" or "Grayscale" is set. Several compression tools are available, including PDF Optimizer for those users who have Adobe Acrobat 7 or later. Depending on the size of the file, the upload process may take several minutes. Acceptable file types include .doc, .docx, and .pdf. For assistance please contact the Help Desk at 1-800-832-8142 or send an email to <a href="https://example.com/resolved-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-acceptable-accep

| E. SCHOLAR DEMOGRAPHIC INFORMATION | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1. What is this scholar's gender? | | | |
| ○ Male | | | |
| ○ Female | | | |
| ○ Transgender | | | |
| 2. What is this scholar's race or ethnicity? Check all that apply. | | | |
| □Hispanic or Latino | | | |
| American Indian or Alaska Native | | | |
| □Asian | | | |
| □Black or African American | | | |
| Native Hawaiian or Other Pacific Islander | | | |
| White | | | |
| 3. Does this scholar have a disability? | | | |
| ○Yes | | | |
| ○ No | | | |
| ○ Don't know | | | |
| 4. What is the scholar's current age? | | | |
| O Under 21 | | | |
| O 21-29 | | | |
| ○ 30-39 | | | |
| O 40-49 | | | |
| O 50 and over | | | |
| 5. * Has this scholar received funding under a different RLTT training grant? | | | |
| ○ Yes (Please specify grant number) | | | |
| ○ No | | | |
| 6. * Is this scholar a U.S. citizen or national, or a permanent resident of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, or the Commonwealth of the Northern Mariana Islands? | | | |
| ○Yes | | | |
| ○ No | | | |
| | | | |

| 7. * Is the scholar a lawful permanent resident of the United States or in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident? | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| ○ Yes | | | |
| ○ No | | | |
| 3. * Does this scholar have the capacity to complete this course of study leading to a degree? | | | |
| ○ Yes | | | |
| ○ No | | | |
| 9. * Has this scholar expressed an interest in a career in clinical practice, administration, supervision, | | | |
| teaching, or research in the vocational rehabilitation, supported employment, or independent living | | | |
| rehabilitation of individuals with disabilities, especially individuals with significant disabilities in the field of study in which the training will be received? | | | |
| ○ Yes | | | |
| ○ No | | | |
| 10. * Is this scholar capable of being employed, once the scholar completes the program? | | | |
| ○ Yes | | | |
| ○ No | | | |
| 11. * Please upload the scholar's Certification of Eligibility for Federal Assistance in Certain Programs | | | |
| (ED 80-0016). (Click here to download a blank Certification of Eligibility for Federal Assistance in Certain Programs) | | | |
| Please upload documentation verifying proof of U.S. citizenship or legal permanent resident status (e.g. copy of driver's license, Passport, social security card). | | | |
| Upload Files | | | |
| Uploaded Files: | | | |
| | | | |
| Files cannot exceed 6 MB in total between the files uploaded in Section D, Section E, and Section I. If your files are larger than 6 MB in total you should compress the files or alter your scanning resolution. Best file sizes can be achieved by ensuring your scanner is set to a resolution no larger than 300 dpi. As well, set to "Black & White" or "Grayscale." Several compression tools are available, including PDF Optimizer for those users who have Adobe Acrobat 7 or later. Depending on the size of the file, the upload process may take several minutes. Acceptable file types include .doc, .docx, and .pdf. For assistance please contact the Help Desk at 1-800-832-8142 or RLTTHelpDesk@ed.gov. | | | |

| F. CURRENT T | RAINING PROGRAM IN | IFORMATION | | | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. * Date schola | ar enrolled in RLTT progr | ram: | (mm/dd/yy) | | |
| Please provide th funding through the | | d in the RLTT program, wh | ich may or may not have t | peen the date the scholar b | egan receivi |
| 2. * Date schola | ar began receiving fundi | ng through the RLTT pro | gram: | (mm/dd/yy) | |
| 3. * Check the o | degree(s) or certificate th | e scholar is pursuing the | rough this training grant | : (Check all that apply) | |
| Bachelor's Deg | ree | | | | |
| Master's Degre | | | | | |
| □Doctoral Degre | ee | | | | |
| Certificate | | | | | |
| Please review ar changes in the la | • | in Section F Items 1 thro | ough 3. Check the box be | elow if there have been no | D |
| - Jungeo III tilo II | / | | | | |
| ☐ No changes n | necessary | | | | |
| | | | | | |
| items for each y that year. A scho RSA RLTT gran working on a dis | ear the scholar was activolar is considered active twas designed to suppossertation, or performing | vely enrolled in the program ly enrolled in the program ort. An actively enrolled so other similar activities re | ram, even if he/she did n m if the scholar is workin scholar should be taking equired for completion. | or graduate. Please con not receive funding throug g toward the degree/cert courses, completing an i | gh the grant tificate your internship, |
| 4. * During the time or part-time | | rant budget period, was | this scholar considered | by your institution to be | a full- |
| | Budget Period | Full-time scholar, even if the scholar worked full-time or part-time | Part-time scholar (anything less than full-time) | Not enrolled in the program | |
| | 2014 (10/01/2014- 09/30/2015) | O Full-time scholar | O Part-time scholar | Not enrolled in the program | |
| | 2015 (10/01/2015- 09/30/2016) | O Full-time scholar | O Part-time scholar | Not enrolled in the program | |
| | 2016 (10/01/2016- 09/30/2017) | O Full-time scholar | O Part-time scholar | Not enrolled in the program | |
| | 2017 (10/01/2017- 09/30/2018) | O Full-time scholar | O Part-time scholar | Not enrolled in the program | |
| | 2018 (10/01/2018- | 05.00 | 05.11 | Not enrolled in the | |

O Full-time scholar

09/30/2019)

O Part-time scholar

program

| 5. * Specify the total amount of funding this scholar received directly from this RSA RLTT supported training grant during |
|---------------------------------------------------------------------------------------------------------------------------------------|
| the current budget period. In calculating the total amount, include any student stipends, tuition and fees, books and supplies, and |
| student travel in conjunction with training assignments. Please enter \$0 for a scholar who was enrolled in the grant program but did |
| not receive funding during the current budget period. |

| Budget Period | Scholar Funding Amount |
|------------------------------|------------------------|
| 2014 (10/01/2014-09/30/2015) | \$ 0 |
| 2015 (10/01/2015-09/30/2016) | \$ 0 |
| 2016 (10/01/2016-09/30/2017) | \$ 0 |
| 2017 (10/01/2017-09/30/2018) | \$ 0 |
| 2018 (10/01/2018-09/30/2019) | \$ 0 |
| Total | \$ 0 |

6. * During the current or most recent grant budget period, was this scholar employed in a qualified position in the field of vocational rehabilitation?

| Budget Period | Employment Information | |
|------------------------------|----------------------------------------------------|--|
| 2014 (10/01/2014-09/30/2015) | Employed: ○ Yes ○ No | |
| 2015 (10/01/2015-09/30/2016) | Employed: ○ Yes ○ No | |
| 2016 (10/01/2016-09/30/2017) | Employed: ○ Yes ○ No ● Not enrolled in the program | |
| 2017 (10/01/2017-09/30/2018) | Employed: ○ Yes ○ No | |
| 2018 (10/01/2018-09/30/2019) | Employed: ○ Yes ○ No 	 Not enrolled in the program | |

G. SCHOLAR STATUS

Please indicate the appropriate program status of the scholar below. You must complete all subquestions for the option selected.

| 1. | * C | chola | r proc | ıram | status: |
|----|-----|-------|--------|------|---------|
| | | | | | |

Select the most appropriate option below.

- The scholar is still enrolled in the program and is currently receiving RLTT funding.
- The scholar is still enrolled in the program but is no longer receiving RLTT funding.

| * Please specify reason scholar is no longer receiving RLTT funding but is still enrolled. | | | |
|--------------------------------------------------------------------------------------------|--|--|--|
| | | | |

- The scholar exited/graduated/completed the program.
 - * Please enter the date of exit/graduation/completion.

(mm/dd/yyyy)

Please note: The Exit Certification must be completed, signed and uploaded into PIMS within 30 days of exit from the program.

| The scholar exited without graduating/completing the program. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * Please enter the date of exit without completion: (mm/dd/yyyy) |
| * Did the scholar complete one academic year or more in duration? |
| ○Yes |
| ○ No |
| * What are the reason(s) that the scholar is no longer enrolled in this program? (Check all that apply) |
| ☐Transferred to another training program |
| ☐Transferred to another program of study |
| Financial stress or burden |
| Health (physical/emotional) of self or family member |
| Moved |
| Obtained employment |
| Other personal reasons |
| Expulsion due to poor academic performance |
| Poor practicum/field-based performance |
| RSA grant closed |
| Please note: The Exit Certification must be completed, signed and uploaded into PIMS within 30 days of exit/graduation from the program. |
| 2. * Accumulated academic years of funding: |
| Enter durations less than one academic year as decimals. For example, 0.5 is half of one academic year of funding. See <u>FAQ #4</u> , for more information on accumulated academic years of funding. |
| 3. Total service obligation in months: |
| This amount was calculated by multiplying accumulated academic years of funding by 24 months, i.e., two years of service obligation for every academic year of scholarship support equals 24 months. |
| 4. Date by which service obligation must be completed: |
| This date was calculated by adding the total service obligation (accumulated academic years of funding multiplied by 24 months, i.e., two years of service obligation for every academic year of scholarship support) and the additional two years to the date to complete or exit the training. |

| H. SCHOLAR EXIT INFORMATION | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| * What degree(s) or certificate(s) did this scholar receive as a result of completing this RSA grant-supported training: | | | |
| (Check all that apply) | | | |
| □Bachelor's Degree | | | |
| Master's Degree | | | |
| □Doctoral degree | | | |
| Certificate | | | |
| * Did the scholar complete an internship as part of this RSA grant-supported training? | | | |
| ○Yes | | | |
| ○ No | | | |
| 3. * Did the scholar take an exam or measure to demonstrate knowledge and skills prior to completing this RSA-funded training program? | | | |
| ○Yes | | | |
| ○ No | | | |
| O Don't know | | | |
| | | | |
| | | | |
| I. SERVICE OBLIGATION INFORMATION AND EXIT CERTIFICATION | | | |
| * Please upload a copy of the completed and signed Exit Certification for this scholar within 30 days of exit/graduation from the | | | |
| program (either prior to completion or at completion of program). | | | |
| DO NOT upload blank or unsigned agreements. | | | |
| Upload Files | | | |
| Uploaded Files: | | | |
| ☐ Grantee has contacted the Helpdesk and does not have an exit agreement. | | | |
| Grantee has contacted the Helpacisk and does not have all exit agreement | | | |
| Files cannot exceed 6 MB in total between the files uploaded in Section D, Section E, and Section I. If your files are larger than 6 MB in total you should compress the files or alter your scanning resolution. Best file sizes can be achieved by ensuring your scanner is set to a resolution no larger than 300 dpi. As well, set to "Black & White" or "Grayscale." Several compression tools are available, including PDF Optimizer for those users who have Adobe Acrobat 7 or later. Depending on the size of the file, the upload process may take several minutes. Acceptable file types include .doc, .docx, and .pdf. For assistance please contact the Help Desk at 1-800-832-8142 or RLTTHelpDesk@ed.qov. | | | |
| J. INFORMATION VERIFICATION | | | |
| Saving and Submitting Records: To save a record for future editing or completion, click on the "Save for Later" button. This will create a pending record. When you have completed entry for a scholar, check the box below. Then, click on the "Save and Submit" button. When the record is "submitted," for a scholar who has exited or completed the program, it CANNOT be edited. To edit those submitted records, please contact the Help Desk. However, records submitted for currently enrolled scholars can be edited. | | | |
| | | | |
| Yes, all information available for this scholar has been entered. I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined in an amount not less than \$5,000 and not greater than \$10,000, plus 3 times the amount of damages the Government sustains due to my false statement False Claims Act, 31 USC § 3729. | | | |
| Save and Submit Save for Later | | | |