

I, _____, as a recipient of scholarship assistance, including other allowable funds, from the interpreter education program at Western Oregon University, U.S. Department of Education-Office of Special Education Programs Project # H 325 K 18 0003:

- 1) have read, understood, and agree to abide to the terms and conditions set forth in §304.30 and §304.31 of the attached federal regulations;
- 2) have read and understood the Personnel Development Program (PDP) attached Frequently Asked Questions (FAQ) document;
- 3) understand that my scholarship is contingent on continually meeting the interpreting program requirements for satisfactory progress which includes providing test scores, such as the Educational Interpreter Performance Assessment (EIPA), upon entering and graduating from the program (funded primarily by grant funds).
- 4) I understand that if I exit the program prior to completing the equivalent of one full-time academic year, I will immediately enter into re-payment status.
- 5) To the best of my knowledge there is nothing in my background that would prevent me from working with children or in public school settings (e.g. criminal record)

Print name of financial assistance recipient/scholar

Signature of financial assistance recipient/scholar

Date

Elisa M. Maroney, Ph.D.

Print the name of Project Director

Signature of the Project Director

Date

Personnel Development Program (PDP)

contact information:

Data Collection Center (DCC)
1700 Research Blvd, RB 2268
Rockville, MD 20850
Website: <https://pdp.ed.gov/OSEP/Scholar>
E-mail: serviceobligation@ed.gov
Toll Free Hotline, 9-7 ET M-F 1-800-285-6276
For TTY dial 711 for your state's Relay Service Provider
Fax: 1-888-252-6960

United States Department of Education

contact information:

OSEP Service Obligations Contact
US Department of Education
Office of Special Education Programs
400 Maryland Avenue, SW
Washington, DC 20202-2600