

Acknowledgement of Accepting RSA Grant Terms and Conditions

Date: 5/15/2017

To: WOU Rehabilitation Services Administration (RSA) Student Scholar

Participation in the RSA Scholars program offers wide opportunities for you. In addition to the financial benefits, you have the satisfaction of knowing that your work will contribute towards the empowerment of individuals with disabilities in United States. An RSA scholar is prepared to work with the State-Federal system of vocational rehabilitation, a system with a long and proud history of serving people with disabilities. Ultimately, scholars enrich the lives of people with disabilities by providing quality rehabilitation services that assists them with securing employment, independence and full inclusion into society.

There is an acute need for qualified personnel in the field of rehabilitation, and specifically, State rehabilitation agencies, and the programs with which the State rehabilitation agencies make agreements to provide vocational, supported employment, and independent living services, have critical personnel needs. To ensure that the RSA training program helps State agencies in filling these jobs, Congress added to the Rehabilitation Act a "payback" provision for RSA scholars. The attached *Scholarship Information Manual* explains the payback requirements (manual can also be downloaded by going to the RMHC website: <http://www.wou.edu/graduate/ms-rehabilitation-mental-health-counseling> (click on cost, then on Scholarship Information Manual). You are asked to please read it carefully to understand your responsibilities as a scholar recipient.

As a condition to receive RSA scholarship support, scholars are required to comply with the **Code of Federal Regulations (CFR) "Title 34 – Education, Subtitle B"**. You can download this Code by going to the RMHC website: <http://www.wou.edu/graduate/ms-rehabilitation-mental-health-counseling> (click on cost, then on Code of Federal Regulations).

You are asked to read, review and become familiar with the attached manual, scholarship regulations/information, and scholarship forms: tuition/stipend acceptance form and exit form.

In accepting RSA scholarship support, you shall agree to the following requirements:

1. I have read and reviewed the "Scholarship Information Manual" and the Code of Federal Regulations pertaining to Rehabilitation Long-Term Training (34CFR386) _____ (initial).
2. By accepting the scholarship support, I acknowledge a personal interest in a career in the provision of rehabilitation services, and that I expect to seek employment in an approved agency (34 CFR 386.33(a)(1)(ii)(B)(2)) _____ (initial).
3. I agree to complete/sign the "Tuition/Stipend Scholarship Acceptance form" for each academic year that I accept grant financial support prior to disbursement of funds _____ (initial).

4. At the same time as signing the “Tuition/Stipend Scholarship Acceptance form (#3 above), I agree to complete and annually update the *Student Information Sheet* _____ (initial).
5. Upon exiting WOU’s RMHC program (graduate, withdraw, or exit prior to graduation), I agree to complete and sign the Student’s “*Exit Certification Form*” and the “*Student Information Sheet*” _____ (initial).
6. After exiting WOU’s RMHC Program, I agree to work for a qualifying agency and for the number of months required by 34 CFR 34 386.34 _____ (initial).

Sample list of qualifying employers assuming agency contracts with VR

- Oregon Vocational Rehabilitation Services
- Other States Vocational Rehabilitation agencies
- Veteran’s Administration Vocational Rehabilitation Services (VA VR)
- State Independent Living Services
- Mental Health Counselors
- VR related Youth Transition Services (YTP) (schools or ESD)
- Disabilities Services Coordinator, Office for Disabilities Services (higher education)

7. After exiting WOU’s RMHC Program, I agree to complete and submit the annual work reporting forms to Dr. Cheryl Davis, RRCD Director, each fall term (by the due date listed) until my payback obligation has been satisfied according to 34. I also agree to update Dr. Davis via email: davisc@wou.edu or via phone: 503-838-8053 within 10 days of any address or contact information changes. _____ (initial)

By my signature below, I acknowledge and agree to the terms of this document and agree to adhere to the above.

Signed: _____ Date: _____

Printed Name: _____

If you have any questions, please contact:

Dr. Cheryl Davis, Director
 Regional Resource Center on Deafness (RRCD)
davisc@wou.edu
 503-838-8053.