

Science, Mathematics, and Research for Transformation (SMART) Scholarship Service Agreement

OMB NO. 0704-0466
OMB approval expires
20251231

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 4093, Science, Mathematics, and Research for Transformation (SMART) Defense Education Program; 10 U.S.C. 133a, Under Secretary of Defense for Research and Engineering; DoD Directive 5137.02, Under Secretary of Defense for Research and Engineering (USD(R&E)); DoD Instruction 1025.09, Science, Mathematics, and Research for Transformation Defense Education Program; and Executive Order 9397, Number System for Federal Accounts Relating to Individual Persons, as amended.

PURPOSE: To record a service agreement for an individual receiving a SMART scholarship.

ROUTINE USES: While the information requested on this form is primarily intended to be used internally, in certain circumstances it may be necessary to disclose this information externally, pursuant to 5 U.S.C. 552a(b)(3), including: to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal Government when necessary to accomplish an agency function; and to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1966 (31 U.S.C. 3701(a)(3)) to aid in the collection of outstanding debts owed to the Federal government, typically to provide an incentive for debtors to repay delinquent Federal government debts by making these debts part of their credit records. A complete list of routine uses may be found in the applicable Privacy Act System of Records Notice, DUSDA 14, Science, Mathematics, and Research for Transformation (SMART) Information management System, found at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=KO2ZkLWhxB3QCZorTEIMFA%3d%3d>

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in SMART scholar being non-compliant with SMART policy, and subject to possible dismissal.

The public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provisions of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

INSTRUCTION: Participants of the SMART Scholarship-For-Service Program (herein, the SMART Scholarship Program) are required to sign the SMART Scholarship-For-Service Program Service Agreement (herein, the "Agreement") that provides the terms and conditions for receiving financial benefits provided by the SMART Scholarship Program.

1. SMART SCHOLARSHIP PROGRAM PARTICIPANT

FULL NAME (Last, First, MI)		FULL SOCIAL SECURITY NUMBER	
STREET NUMBER AND NAME		APARTMENT NUMBER	
CITY	STATE	ZIP CODE	

2. ACKNOWLEDGEMENT OF TERMINATION OF FINANCIAL ASSISTANCE AND OBLIGATION TO REFUND

I understand that if I withdraw from the SMART Scholarship Program prior to the completion of my service obligation, if I fail to fulfill my post-graduation service obligation, if I am dismissed from the SMART Scholarship Program for failure to maintain satisfactory academic progress or failure to comply with any SMART Scholarship Program policy or procedure as described in the SMART Scholar Handbook (and future revisions), or if I am removed from employment with my Sponsoring Facility (SF) on the basis of misconduct before completing my post-graduation service obligation, the Agreement will be terminated and I will be in default of the Agreement. I understand that if I am in default of the Agreement all financial assistance provided to me by the SMART Scholarship Program will end. I understand that if I am in default of the Agreement that I am obligated to refund, to the United States Government, all funds that have been provided to me or to others on my behalf or for my benefit under the Agreement, including all stipends, tuition, educational fees, health insurance allowances, book allowances, internship support payments, and any other financial assistance provided by the United States pursuant to the Agreement. I understand that this obligation to reimburse the United States is for all purposes a debt owed to the United States. Upon establishment of this debt, I understand that my failure to repay the debt to the United States in a timely manner may result in my responsibilities for additional interest and/or penalties pursuant to Section 3717 of Title 31, U.S. Code.

3. AWARD INFORMATION

a. COHORT YEAR	b. AWARD TYPE (X one) <input type="checkbox"/> Recruitment <input type="checkbox"/> Retention	c. AWARD SUBTYPE (X if applicable) <input type="checkbox"/> Ron Dellums
d. DEGREE (X one) <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MS <input type="checkbox"/> PhD		e. FIELD OF STUDY

4. SPONSORING FACILITY

a. SPONSORING COMPONENT	b. SPONSORING FACILITY	c. LOCATION (City/State)
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5. DURATION OF AWARD

a. BEGINNING (YYYYMMDD)	b. ENDING (YYYYMMDD) (degree completion date)	c. TOTAL AWARD DURATION (Years)
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6. AWARD AMOUNT

a. FULL-TIME ACADEMIC TUITION AND APPROVED EDUCATION FEES, DURING THE STANDARD ACADEMIC YEAR, AT THE FOLLOWING ACADEMIC INSTITUTION:

CUI (when filled in)

b. ANNUAL STIPEND RATE	c. RECRUITMENT INTERNSHIP SUPPORT PAYMENT RATE <i>(if eligible, per current SMART Scholar Handbook)</i>
d. ANNUAL HEALTH INSURANCE ALLOWANCE RATE	e. ANNUAL MISCELLANEOUS ALLOWANCE RATE

7. SERVICE OBLIGATION *(Initial in space provided)*

_____ Based on the currently calculated duration of my award, in accordance with Section 5c of the Agreement, I understand that I am required to complete _____ years of post-graduation employment at my Sponsoring Facility (SF). I understand that if I do not fulfill my entire service obligation under the SMART Scholarship Program, I will have breached the terms of the Agreement and will be in default of the Agreement, and that I will be dismissed from the SMART Scholarship Program and may be responsible for the prompt repayment of all funds that have been provided to me or to others on my behalf or for my benefit under the Agreement, in accordance with Section 2 of this Agreement. I further understand that my SF may have additional service requirements to that of the SMART Scholarship Program. The SMART Scholarship Program service obligation is in addition to any other period for which I am obligated to serve in the civil service of the United States.

8. COMPLIANCE OBLIGATION AND FULFILLMENT OF AGREEMENT *(Initial in space provided)*

_____ I understand that I am required to fulfill the terms of the Agreement and comply with all SMART Scholarship Program policies and procedures set forth in this Agreement and the SMART Scholar Handbook (to include future SMART Scholar Handbook revisions). I agree to obtain prior approval from the SMART Scholarship Program before making any change under this Agreement or to my funded degree program (e.g., change of degree completion date, change of degree pursued, change of academic institution, etc.). The Agreement, including the most recent version of the SMART Scholar Handbook constitutes the full agreement between the parties, and any representation, statements, or communications not specifically incorporated herein, shall not be binding or of any force or effect.

9. DISCLAIMERS *(Initial in spaces provided)*

_____ I understand that all promises of payments to me or to others on my behalf or for my benefit pursuant to the SMART Scholarship Program and the Agreement are subject to the availability of funds.

_____ I understand that the terms of the Agreement are severable. In the event that any part, term, or provision of the Agreement is deemed invalid or otherwise unenforceable by a court of law with proper jurisdiction, such part, term, or provision shall be deemed severed from the Agreement and all remaining parts, terms, and provisions in the Agreement shall not be affected and shall remain in full force and effect.

10. ACKNOWLEDGEMENT OF EMPLOYMENT STATUS *(Recruitment participants only. Initial in spaces provided)*

_____ I understand that while I am participating in the SMART Scholarship Program prior to the start date of my civilian employment at my SF upon completion of my academic degree, I am not an employee of the United States Government or any instrumentality thereof. I further understand, however, that, while I am participating in a SMART Scholarship Program internship at a SF that I will be considered an employee of the United States Government solely for certain, limited purposes relating to compensation for injuries occurring during the performance of approved internship activities and liability for tort claims, the Privacy Act, and criminal conflicts of interest, pursuant to section 4143 of title 10, U.S. Code.

_____ I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits as a United States Government civilian employee while completing a SMART Scholarship Program internship.

_____ I agree to be bound by the laws and regulations applicable to interns and agree to participate in any training required by the SF, DoD laboratory, installation, or unit for me to participate in the SMART Scholarship Program internship. I agree to follow all rules and procedures of the SF, DoD laboratory, installation, unit, or any other place where I am participating in a SMART Scholarship Program internship *(Multi-year Recruitment Participants Only)*.

_____ I understand that the offer of civilian employment will be made by my SF upon completion of my academic degree as set forth in the Agreement. I understand that this offer of civilian employment will be commensurate with Office of Personnel Management (OPM) and SF guidelines and standards, and that my service obligation is to be served at my SF in a position and with a salary/benefits that meets these guidelines and standards at the time which the offer of civilian employment is made. I understand that until I receive this offer of civilian employment from my SF in accordance with OPM and my SF's guidelines and standards, and that any representation, statements, or communications regarding compensation and benefits made prior to my offer of civilian employment made by my SF is not binding.

11. CERTIFICATION BY SMART SCHOLARSHIP PROGRAM SCHOLAR

I certify that I have read and understand the conditions, terms, and requirements of the Agreement and the SMART Scholar Handbook and that I will comply with them. I certify that I will be 18 years of age or older as of the SMART Scholarship Program award start date.

a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>
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Legal Guardian Signature required if SMART Scholarship Program participant is under 18 years of age at time of award.

d. NAME <i>(Last, First, Middle Initial)</i>	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>
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12. SPONSORING DOD COMPONENT ADMINSTERING OFFICE

a. NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>
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