

**NATIONAL SECURITY EDUCATION PROGRAM (NSEP)  
SERVICE AGREEMENT REPORT (SAR) FOR SCHOLARSHIP AND FELLOWSHIP AWARDS**

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The public reporting burden for this collection of information is estimated to average ## hours/minutes 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 provision 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. **SEND THIS COMPLETED FORM BY MAIL, FAX OR E-MAIL TO:** National Security Education Program, 4800 Mark Center Drive, Suite 08G08, Alexandria, VA 22350-7000  
**Fax:** (703) 692-2615 For questions, call (571)-256-0711 or E-mail: nsep@nsep.gov

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 50 U.S.C. 1901, David L. Boren National Security Education Act of 1991; DoD Instruction (DoDI) 1025.02, National Security Education Program (NSEP) and NSEP Service Agreement; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To document recipient's status and compliance in fulfilling the service requirement.

**ROUTINE USE(S):** To the U.S. Department of Treasury for individuals who are non-compliant with Service Agreement and who fail to pay back awards have their name, address, and taxpayer identification number (SSN); the amount, status, and history of the claim sent to the U.S. Treasury for collection. Additional routine uses are listed in the applicable system of records notice, DHRA 09 located at <http://dpclo.defense.gov/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/6691/dhra-09.aspx>.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in NSEP not being able to process your request for service credit and you may be required to repay the amount of your award, plus interest.

**SECTION I - DEMOGRAPHIC DATA**

<b>1. RECIPIENT NAME</b> <i>(Last, First, Middle Initial)</i>	<b>2. FORMER NAME</b>	<b>3. SOCIAL SECURITY NUMBER</b> <i>(Last 4 digits)</i>
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**4. CURRENT CONTACT INFORMATION**

a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. E-MAIL ADDRESS	f. HOME TELEPHONE NUMBER <i>(Include area code)</i>	g. SECONDARY OR WORK TELEPHONE NUMBER <i>(Include area code)</i>	

**5. PERMANENT CONTACT INFORMATION**

a. STREET AND APARTMENT/SUITE NUMBER	b. CITY	c. STATE	d. ZIP CODE
e. HOME TELEPHONE NUMBER <i>(Include area code)</i>			

**SECTION II - RECIPIENT'S STATUS** Items 7 through 12 *(Complete Items 18 and 21 in Section IV.)*

**6. I have been engaged in work in fulfillment of my requirement during this reporting period.** *(Complete Items 13 through 21 in Sections III and IV.)*

**7. I have not graduated from nor terminated enrollment in the degree program pursued while receiving NSEP support. My anticipated graduation date is** *(Month/Year)* .

**8.a. I am furthering my education and request a deferral of the service requirement until I complete my**  
 **degree program at** *(Institution); my expected start date is (Month/Year)*  
**and my anticipated graduation date is** *(Month/Year)* .

**b. I am furthering my education and do not request a deferral of the service requirement. My anticipated graduation date is** *(Month/Year)* .

**9. I have not yet obtained employment in fulfillment of my service requirement during this reporting period.**

**10. I request a one year extension, as the time for completing my service requirement has expired.** *(Submit detailed plan outlining how you plan to fulfill your service requirement during the extension period).*

**11. I request a waiver from my service requirement.** *(Explain grounds for waiver on a separate piece of paper and attach to SAR. Please note that waivers are granted only in extreme cases.)*

**12. I request to repay my award in lieu of fulfilling my service requirement.**

<b>SECTION III - DESCRIPTION OF SERVICE</b>							
<b>13. DATES</b>		<b>14. NUMBER OF HOURS PER WEEK</b>		<b>15. TYPE OF EMPLOYMENT (X one)</b>			
a. FROM (MM/DD/YYYY)	b. TO (MM/DD/YYYY)			<input type="checkbox"/> a. FEDERAL	<input type="checkbox"/> c. CONTRACTOR		<input type="checkbox"/> d. ACTIVE DUTY MILITARY
				<input type="checkbox"/> b. EDUCATION			
<b>16. SUPPLEMENTAL INFORMATION (X all that apply)</b>							
<input type="checkbox"/>	a. I use a foreign language in my position. (Explain:)						
<input type="checkbox"/>	b. My position requires a security clearance. (If so, type:)						
<input type="checkbox"/>	c. Which hiring authority were you appointed under? (This information can be found in the "Legal Authority" box (5-D) on the SF-50 associated with your initial hire)						
<b>17. DESCRIPTION OF DUTIES (Please spell out all acronyms.)</b>							
a. DEPARTMENT/ORGANIZATION INSTITUTION		b. BUREAU/AGENCY		c. OFFICE		d. TITLE	
e. Describe the work you are doing to fulfill your NSEP service requirement and how it relates to U.S. national security. If you are eligible to work in higher education and are doing so, describe the connection with your NSEP-funded study.							
<b>SECTION IV - CERTIFICATION (NOTE: Service will NOT be approved without supervisor verification and signature.)</b>							
<b>18. I have activated and updated my resume on NSEPNET.</b>				<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO		
<b>19. CONTACT INFORMATION FOR EMPLOYING ORGANIZATION</b>							
a. NAME OF EMPLOYING ORGANIZATION				b. SUPERVISOR'S TELEPHONE NUMBER (Include area code)			
c. STREET ADDRESS				d. CITY		e. STATE	f. ZIP CODE
g. SUPERVISOR'S E-MAIL ADDRESS							
<b>20. SUPERVISOR VERIFICATION</b>							
a. SUPERVISOR'S NAME (Last, First, Middle Initial)				b. TITLE			
c. SUPERVISOR'S SIGNATURE						d. DATE SIGNED	
<b>21. I certify, to the best of my knowledge, that all of the above statements are true, complete, and correct. I agree to provide additional information as requested. I understand that my work in fulfillment of the service agreement must be wholly completed within five years of my first date of service unless an approved deferral or extension has been granted. I understand that my service requirement is completed upon receipt of formal notification from NSEP. I agree to submit this form annually until my service is complete, or every six months if granted an extension. I will notify NSEP within 10 days if my contact information changes.</b>							
a. NAME			b. SIGNATURE			c. DATE SIGNED	
<b>SECTION V - FOR NSEP USE ONLY</b>							
<b>22. ACTION</b>							
23.a. NAME OF NSEP OFFICIAL				b. SIGNATURE		c. DATE SIGNED	
24. LENGTH OF REQUIREMENT		25. MONTHS PREVIOUSLY APPROVED	26. APPROVED MONTHS	27. MONTHS REMAINING	28. YEAR OF AWARD	29. X	
						<input type="checkbox"/> S	<input type="checkbox"/> LF
						<input type="checkbox"/> F	<input type="checkbox"/> EHLS