



*Project Creating Teams of Educators
to Build the Literacy Skills of English
Learners with and without Disabilities*

**United States Department of Education
Scholarship Recipient's Obligation Requirements - In-Service Educator
(Repay Clause)**

Note: Please initial by each point, indicating that you **agree and will comply**, and then sign at the end on the signature line. (Old Dominion University hereafter referred to as ODU)

As a recipient of Project Creating Teams of Educators to Build the Literacy Skills of English Learners with and without Disabilities Grant money, I affirm that:

1. _____ I understand that if I do not fulfill my contractual obligations to the ODU as herein agreed (*i.e., maintaining a 3.0 GPA, maintaining a grade of "B" or better in all graduate coursework, and completing the approved course plan*), ODU reserves the right to withdraw my Grant support (scholarship and/or book money) and award the money to another student.
2. _____ I understand the requirements and policies of the University as described in the Graduate School Catalog. When I register for a course, I accept responsibility for adhering to the University's requirements.
3. _____ I understand that I will register for and successfully complete the 3 graduate courses if selected on which Grant funding is based, and that any changes made to the course plan must be approved by the grant director.
4. _____ I understand that any unapproved changes to the course plan will result in: (a) forfeiture of future Grant funding, and (b) re-payment by me to ODU of any Grant funding that I previously received.
5. _____ I understand that any equipment and/or materials purchased with Project Grant funds will be my property upon successful completion of the program.
6. _____ I understand that I must be an employee of _____ School in _____ County School Divisions to participate in Project Creating Teams of Educators to Build the Literacy Skills of English Learners with and without Disabilities.
7. _____ I understand that I will provide pertinent information (e.g., contact information and school assignment changes) from the date of my admission to Project Creating Teams of Educators to Build the Literacy Skills of English Learners with and without Disabilities to up to 3 years from my program completion as per sponsoring agency requirements (not ODU).
8. _____ I understand that I will be asked to participate in evaluation requirements (e.g., classroom observations and surveys) and provide classroom data (e.g., academic achievement data) of my students without breaking confidentiality from the date of my admission to Project Creating Teams of Educators to Build the Literacy Skills of English Learners with and without Disabilities to up to 3 years from my program completion as per sponsoring agency requirements (not ODU) if still employed by a participating _____ County School.
9. _____ I understand that I have a contractual obligation to pay back the Project Creating Teams of Educators to Build the Literacy Skills of English Learners with and Without Disabilities Grant funding receiving IF I do not fulfill the expectations set forth in this document.

Grant Recipient's Printed Name

Grant Recipient's Signature

Date

Grant Director's Signature

Date