

## Addendum to Scholarship for Service Program Service Agreement

This addendum allows for the deferment of a participant's service obligation for up to two years after graduation from the SFS program in order to continue his or her education. This document sets forth the participant's responsibilities.

### Participant Responsibilities

The SFS-ST scholarship participant agrees to the following:

1. To continue to comply with, as applicable, and to be accountable to the SFS program under the terms of the original agreement;
2. The additional education will enhance the participants marketability to Federal Agencies as an Information Assurance Professional;
3. The continued education will not be funded by the SFS program;
4. The participant will maintain good academic standing, as defined by his or her academic institution, in an information assurance program;
5. At the end of each semester (or quarter or trimester, as applicable), submit an official course transcript to the Principal Investigator (PI) at the academic institution, and to the SFS Program Coordinator at the matched Federal agency or to the SFS Program Office, if so requested listing the courses in which the participant is enrolled and the final grade(s) received;
6. Search for summer internships and post-graduation employment with a Federal agency; and
7. Following completion of continued education program or within two years after graduation from the SFS program curriculum, whichever occurs first, the participant agrees to work full time in a covered position in the Federal service at an agency designated as "participating" by OPM, for a period commensurate with the length of the scholarship or one year, whichever is longer.

I certify that I have read and understand the terms of this addendum and that I am still bound by the terms in the original service agreement.

\_\_\_\_\_  
(Student's PRINTED Name)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

Witnessed by:

\_\_\_\_\_  
(Principal Investigator's PRINTED Name)

\_\_\_\_\_  
(Principal Investigator's Signature)

\_\_\_\_\_  
(Date)