

SCHEV
Virginia Cybersecurity Public Service
Scholarship Program
101 N. 14th Street
Monroe Bldg, 10th Floor
Richmond, Virginia 23219



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COMMONWEALTH of VIRGINIA
STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

**APPLICATION FOR PARTICIPATION IN THE
CYBERSECURITY PUBLIC SERVICE SCHOLARSHIP PROGRAM**

2016-17 applications will be received beginning **August 1, 2016**. The deadline for priority awards is **September 15, 2016**.
If funds are still available, a second application period will open from September 16 to October 31, inclusive.

SECTION A: APPLICANT INFORMATION

Printed Full Name: _____ Gender: Male Female
Permanent Address: _____
Street City State Zip Code
Institution: _____
Academic Level: _____ Academic Program: _____
Expected Graduation Date: _____ Year for which Requesting Funds: _____

SECTION B: VERIFICATION DOCUMENTS

With this application, submit the following:

1. Completed Cybersecurity Public Service Scholarship Promissory Note and
2. Official documentation from an eligible institution and official academic transcript verifying:
 - A. your enrollment as a full-time student into an eligible cybersecurity program,
 - B. your class-level and expected graduation date,
 - C. your cumulative grade point average as of the beginning of the year in which the award is to be used, and
 - D. that you are a Virginia domiciled resident or otherwise meet one of the military-related exceptions for in-state tuition.

SECTION C: SIGNATURE(S)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to full and immediate repayment of the scholarship. I agree to furnish the State Council of Higher Education for Virginia and the college or university with additional supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

____/____/____
Date

*Signature of Parent/Legal Guardian or Spouse
(required if student is a dependent student)*

____/____/____
Date

Mail this completed application and supporting documentation to:

**State Council of Higher Education for Virginia
Virginia Cybersecurity Public Service Scholarship Program
101 N 14th St., Monroe Bldg, 10th Floor
Richmond, Virginia 23219**

Faxed copies of this application will not be accepted.

**Commonwealth of Virginia
State Council of Higher Education for Virginia**

Cybersecurity Public Service Scholarship Promissory Note

Current Award Year

Expected Graduation Date

_____ Applicant's Full Name (First, Middle, Last)		_____ Social Security Number		_____ Telephone Number	
_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ E-mail	
_____ Contact Person's Full Name (First, Middle, Last)		_____ Relationship		_____ Telephone Number	
_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ E-mail	

I promise to repay, in accordance with the terms of this note, the Commonwealth of Virginia through the State Council of Higher Education for Virginia, hereinafter called SCHEV, the sum of **\$20,000** over two academic terms as a Cybersecurity Public Service Scholarship (herein after referred to as the Scholarship), plus the interest which accrues thereon.

The terms and conditions of this note shall be construed consistent with the requirements of the Scholarship.

1. I am a domiciliary resident of the Commonwealth of Virginia or I am eligible for in-state tuition under a military-related exception as described in Section 23-7.4 and 23-7.4:2 of the *Code of Virginia* (1950), as amended, and enrolled in an eligible cybersecurity program.
2. I understand that awards made under this program shall be paid directly to the institution to be applied to my individual student account. Any resulting disbursement of funds to the student is subject to institutional policies.
3. I understand that by accepting this Scholarship, I agree within six months of graduation to secure continuous work in the field of cybersecurity for the Commonwealth of Virginia for a period of one year for each year of Scholarship received. Eligible employment organizations shall include the Executive, Legislative, and Judicial branches and independent agencies of Virginia state government, as verified by SCHEV. Any other state associated agency or organization must be approved by SCHEV in advance. To qualify, the employment must be specifically related to cybersecurity defense, consistent with the cybersecurity position Knowledge, Skills, and Abilities (KSAs) identified by the National Initiative for Cybersecurity Careers and Studies (niccs.us-cert.gov/training/framework/ksas) or as a faculty member educating students in the field of cybersecurity at a public institution. Such employment cannot simultaneously satisfy the service requirement for this Program and the employment requirements of any other program.
4. If I fail to fulfill the above post-graduation work agreement, this note shall immediately become due and payable to SCHEV, or its designee. I shall repay the amount of the grant(s) received prorated according to the fraction of the work obligation not completed, as determined by SCHEV, plus any accrued interest.
5. I specifically agree to repay the above principal plus simple interest on the unpaid balance at four percent (4%) per annum from the date that SCHEV advances the loan funds, with the first payment due to SCHEV, or its designee, no later than the first day of the seventh month following successful completion of an eligible cybersecurity program or no later than first day of the third month following cessation of a qualified employment. The minimum monthly payment shall be one hundred dollars (\$100) or a higher amount consistent to repay the principal and accrued interest within a term of ten years. Should I fail to make any payment by the seventh calendar day following the payment due date, SCHEV or its counsel may immediately accelerate the maturity of the installments thereafter to become due, in which event the unpaid balance of this note shall become immediately due and payable without demand or notice.
6. If I discontinue enrollment in an eligible cybersecurity program, this note shall immediately become due and payable to SCHEV, or its designee subject to the conditions under #5 above.
7. I understand that administration of my repayment may be designated by SCHEV to a qualified third-party.
8. I understand that repayment of the uncanceled note may be postponed under the conditions listed below and that all postponements must be requested in writing.
 - If I am in continuing education in cybersecurity. The postponement shall last for duration of the required time of education plus six months. A copy of supporting documentation along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such education.
 - If I enter military, VISTA, or Peace Corps service (or accompany my spouse for such service) after successful completion of an eligible cybersecurity program, repayment of the uncanceled note will be postponed until I have completed my original

tour of duty for a period not to exceed four years. A copy of orders to report for such service along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such service.

- A one-year postponement for repayment of this promissory note will be allowed for inability to secure employment by reason of the care required by a disabled child, spouse, or parent. Written postponement requests along with medical certification must be sent SCHEV.
 - A one-year postponement for repayment of this promissory note will be allowed for inability to satisfy the terms of the repayment while seeking and unable to find full-time employment as a cybersecurity professional for a single period not to exceed 12 months. Written postponement requests along with supporting documentation must be sent to SCHEV.
 - If I experience health conditions that may impede my ability to perform requisite service in cybersecurity, I may petition SCHEV to grant me forbearance for a period not to exceed three years. Written forbearance requests along with medical certification must be sent to SCHEV.
9. If it becomes necessary to place a note in the hands of an agency or attorney for collection, I agree to pay a charge for the attorney or collection agency fees, in addition to the amount due on the note at the time of collection. Such charge for court costs and attorney's fees shall be no more than twenty-five percent (25%) of the original amount of this note. In further consideration of SCHEV's forbearance in instituting or continuing suit, I expressly waive any statute of limitations which could be pled by me as a defense to the above collection claim by SCHEV and agree that the venue of any lawsuit brought against me shall be in the City of Richmond, Virginia. I hereby intend to legally bind myself and my heirs, executors, administrators, and assigns.
10. I am responsible for keeping SCHEV, or its designee, informed of my status including any change of address, graduation date, enrollment in another college, military service, and the location of the cybersecurity employment until the total obligation is satisfied.
11. I waive presentment, demand, protest and notices of honor and protest and the benefit of homestead exemption and all other exemptions which legally may be waived with regard to the obligation evidenced by this note.
12. All references herein to SCHEV shall include any subsequent holder or assignee of this note. Virginia law shall govern this note.

I have read and understand all of the above. I am entitled to an exact copy of this note and any agreement I sign in furtherance of same. I have the right at any time to pay in advance the unpaid balance due under this note without penalty. I authorize SCHEV to contact and receive information from any entity or individual it deems necessary for purposes of locating me, if I fail to keep in contact. These entities and individuals include, but are not limited to, the institution's Alumni Association, the Department of Motor Vehicles and other state agencies, family members, and current and prior employers.

Applicant Signature	Date Signed
	SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____. WITNESS MY HAND AND OFFICIAL SEAL.
	Notary Public: _____
	Expiration Date: _____

If the student is under 18 years of age at time of signing, the following must also be completed by the student's parent or legal guardian.

Full Name (First, Middle, Last)	E-mail	Telephone Number	
Street Address	City	State	Zip Code
Signature	Date Signed		

OFFICE USE ONLY

Name of Authorized State Official _____ Title _____

Authorized Official's Signature _____ Date Signed _____

Mail completed promissory note to: **State Council of Higher Education for Virginia
Cybersecurity Public Service Scholarship Program
101 N. 14th Street, James Monroe Building 10th Floor
Richmond, Virginia 23219**