Become A Special Educator in Tennessee Teaching Program  
Student Service Agreement  
Tennessee Department of Education  
Division of Special Education

THIS IS A FINANCIAL AGREEMENT BETWEEN

(Recipient of BASE-TN Traineeship Award)

and

Carson-Newman College

THIS AGREEMENT IS AN IMPORTANT CONDITION OF THE AWARD. PLEASE READ CAREFULLY BEFORE SIGNING.

Introduction: The Tennessee Department of Education has issued Guidelines regarding service obligations and other requirements for students who receive financial assistance under the Become A Special Educator in TN Teaching Program (BASE-TN Teaching Program). The Guidelines state that (a) individuals who receive student financial assistance are required to complete a service obligation in an approved Tennessee public school or repay all or part of the costs of such assistance in accordance with the provisions of the Guidelines; and (b) individuals who receive student financial assistance who fail to complete their approved Program of Study or dropout prematurely are required to repay all or part of the costs of such assistance in accordance with the provisions of the Guidelines.

1. Service Requirement. In accepting this student traineeship or fellowship grant, I agree to complete the following service requirement.

   a. Scholarship Assistance
      Individuals who receive student financial assistance through the BASE-TN Teaching Program will subsequently maintain employment as a fully licensed teacher or speech-language pathologist (i) in which the individual provides special education, speech-language services, or related services to children with disabilities or early intervention services to infants and toddlers with disabilities and their families; (ii) on a full-time basis; and (iii) for a period of at least two years for every academic year for which assistance was received. For the purpose of the BASE-TN Teaching Program, one academic year of financial support
consists of 30 semester hours of support or its equivalent for scholars pursuing a special education teacher license and 27 semester hours of support for speech-language pathology students.

An individual must be employed in a teacher or speech-language pathologist position - **on a full time basis (i.e., 80% or more, exclusive of administrative, counseling or other assigned duties)** - in a Tennessee public school serving students with disabilities, ages birth through twenty-one. A majority of the persons to whom the individual provides services MUST be students with disabilities receiving special education, related services (including speech-language services), or early intervention services.

b. **Part-time Scholar**

The service obligation, as applied to a part-time scholar, is based on the accumulated **full-time academic semester hours (FTE) of training** for which the traineeship or fellowship grant is received. For the purpose of this Program, one academic year consists of 30 semester hours of financial support for scholars seeking a special education teacher license and 27 semester hours of financial support for speech-language pathology scholars.

c. **Cancellation, Time Period, and Service Requirement**

(1) For each two years of creditable full-time teaching service, the recipient shall receive cancellation credit for one year's award toward repayment, with one year consisting of 30 semester hours of financial support for special education teachers and 27 hours of financial support for speech-language pathologists.

(2) Cancellation shall apply only if the recipient **completes** a Plan of Study and is awarded a Tennessee teacher license (initial license or an endorsement) in special education or speech-language pathology and subsequently teaches special education or serves as a speech-language pathologist in a Tennessee public school serving children with disabilities ages birth through 21. The recipient must be an employee of the said school district or Tennessee State Special School. (Serving on an alternative teacher license does NOT satisfy requirements for cancellation credit.)

(3) A grace period of SIX (6) months will be granted to allow the recipient the opportunity to secure employment to begin cancellation credit.

(4) Individuals must complete the service obligation within the period ending not more than the sum of the grace period of SIX (6) months plus four additional years from the date the recipient completes the Plan of Study.
2. Definitions

The terms used in this agreement shall be defined in accordance with the Individuals with Disabilities Education Act (20 U.S.C. §1400 et seq.) and regulations (34 CFR Part 300), and the Guidelines of the BASE-TN Teaching Program.

3. Other Requirements

I understand I must be enrolled in a course of study leading to (a) an initial Tennessee teacher’s license in an area of special education, or (b) an endorsement in special education or related services at Carson-Newman College in order to be eligible to receive a traineeship or fellowship grant under this program.

I agree that I will not accept payment or educational allowances from any other entity if that allowance conflicts with my obligation under this Agreement.

I understand that I must receive a certificate of good standing each semester from the college or university where enrolled in order to continue this grant and defer the payback requirement.

I understand that I must sign a Promissory Note EACH semester that I receive tuition support through the BASE-TN Program, with the indicated sum being the amount to be expended on my behalf for tuition support in keeping with my approved Plan of Study. I also understand that the Notes become null and void upon completion of the service requirements and other obligations as defined in this document and the BASE-TN Guidelines.

I understand that I must sign an Exit Certificate upon completion of my Program of Study, indicating (a) the number of years I must work to satisfy my service obligation in a Tennessee public school or State Special School, (b) the total amount of BASE-TN financial assistance received, (c) the time period during which I must satisfy the work requirements, and (d) employment related information indicating my intent to work in a Tennessee public school or State Special School serving students with disabilities two years for each year of financial support received under the Program.

I understand that if I receive financial assistance under this grant and fail to complete my approved Program of Study or dropout prematurely, I will be required to repay all or part of the costs of such assistance in accordance with the provisions of the Guidelines and the Promissory Note(s) attached by reference hereto to the Tennessee Department of Education.

I agree to notify the Director of the BASE-TN Program at Carson-Newman College and the Chair of the Education Department at Carson-Newman College of changes in my address, employment setting, or employment status during the period of my service obligation under this agreement.
4. **Payback Provisions**

I understand that if I fail to undertake or perform such service in accordance with the provisions of this Student Service Agreement, fail to complete my approved Program of Study, OR dropout prior to program completion, the Tennessee Department of Education will be entitled to recover from me all or part of any traineeship or fellowship grant received, plus interest in accordance with the Promissory Note(s) of even date herewith and incorporated herein by reference.

I understand that the amount of the award or scholarship that has not been retired through eligible service will constitute a debt to the Tennessee Department of Education that MUST be repaid by me. Repayment will include the full amount of the award plus interest, in an amount proportional to the service obligation completed.

I understand that a scholar enters repayment status on the first day of the first calendar month after the earliest of the following dates, as applicable:

a. The date the scholar informs the grantee institution that he/she does not plan to fulfill the service obligation as defined in the BASE-TN Guidelines.

b. Any date when the scholar’s failure to begin or maintain employment makes it impossible for the individual to complete the service obligation within the number of years required to satisfy his/her obligations under the BASE-TN Program; or

c. Any date on which the scholar discontinues enrollment as described in his/her approved Plan of Study.

5. **Conditions for Deferrals or Exceptions to Performance or Repayment**

I understand an exception to the repayment requirement of this agreement may be granted, in whole or in part, if I am unable to continue the course of study or perform the service obligation because of a disability that is expected to continue indefinitely or because of death.

I understand that deferral of the repayment requirement of this agreement may be granted during the time in which I: (a) serve, not in excess of three years, on active duty as a member of the armed service of the United States; (b) have a disability which prevents me from working a period not to exceed three years; or (c) am unable to secure employment as required by the Agreement for reasons of providing care to a disabled family member for a period not to exceed 12 months.

I understand that I must provide evidence of the above conditions to the Director of the BASE-TN Teaching Program, Tennessee Department of Education, Division of Special Education and the Chair of the Education Department at Carson-Newman College.
The acceptability of the evidence will be determined at the discretion of the Program Director and the Chair of the Education Department at Carson-Newman College.

6. **Change of Address and Name**

   I agree to advise the Director of the BASE-TN Program at Carson-Newman College and the Chair of the Education Department at Carson-Newman College within thirty (30) days of any change of address and phone number and/or name until such time as my total obligation - service or financial - under this Agreement is fulfilled.

7. **Tax Liability**

   I understand that it is my responsibility to determine what, if any, tax liability may accrue to me as result of accepting these funds. Tax liabilities, if any, are my responsibility to discharge.

8. **Certification**

   In accepting student financial aid as a traineeship or fellowship grant under this Agreement, I certify that I have read and understand and will comply with the terms and conditions of this Agreement and the Promissory Note(s) incorporated herein by reference.

Support received under TN Department of Education Grant No.: ED. 91875

Recipient’s Signature: ____________________________________________

Recipient’s Name: ______________________________________________

Current Employment: _____________________________________________

STUDENT ID NUMBER or SOCIAL SECURITY NUMBER: ______________

Current Mailing Address: _________________________________________ TN ______

Permanent Home Address: __________________________________________

Telephone No. (H): ______________________________________________

Telephone No. (W): ______________________________________________

Telephone No. (Mobile / Cellular): _________________________________

E-mail Address: ________________________________________________
STATE OF TENNESSEE
COUNTY OF

Personally appeared before me, ____________________________, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this day of ____________________________, 20 ___.

______________________________________________________________
Notary Public
My Commission Expires: ________________________________________