



# TEXAS WOMAN'S UNIVERSITY™

## United States Department of Education ELLevate! Scholarship Recipient's Obligation Requirements – Tier 3 Participant (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. (*Texas Woman's University hereafter referred to as the "University."*)

*As a recipient of ELLevate! Grant money, I affirm that:*

1. \_\_\_\_ I understand that if I do not fulfill my contractual obligations to the University as herein agreed (*i.e. maintaining a 3.0 GPA, maintaining a grade of "B" or better in all graduate coursework, completion of the approved course plan*), the University reserves the right to withdraw my ELLevate! Grant support (scholarship and/or book money) and award the money to another student.
2. \_\_\_\_ I understand that requirements and policies of the University as described in the Graduate School Catalog and the Student Handbook apply. When I register for a course, I accept responsibility for adhering to the University requirements.
3. \_\_\_\_ I understand that I will register for and successfully complete the 3 graduate courses, and the full Graduate Program if selected, on which ELLevate! 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 ELLevate! Grant funding, and (b) re-payment by me to the University of any ELLevate! Grant funding that I previously received, including stipends and reimbursements.
5. \_\_\_\_ I understand that any equipment and/or materials purchased with ELLevate! stipend funds will be my property upon successful completion of the program.
6. \_\_\_\_ I understand that I must be an employee of Denton or Braswell High School in Denton ISD to participate in ELLevate!
7. \_\_\_\_ I understand that I must secure written authorization from parents and school administrators for any audio/videotaping and/or pictures that I may take of children in conjunction with graduate coursework and forward copies of authorizations secured to the school district's corresponding department.
8. \_\_\_\_ I understand that I will provide pertinent information (contact information and school assignment changes, etc.) from the date of my admission to ELLevate! to up to 3 years from my program completion as per sponsoring agency requirements.
9. \_\_\_\_ I understand that I will provide aggregated academic achievement data of my students from the date of my admission to ELLevate! to up to 3 years from my program completion as per sponsoring agency requirements, if still employed by a participating Denton ISD school.
10. \_\_\_\_ I understand that I have a contractual obligation to pay back the ELLevate! Grant funding received IF I do not fulfill expectations set forth in this document.

\_\_\_\_\_  
Grant Recipient's Printed Name

\_\_\_\_\_  
Grant Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of ELLevate!

\_\_\_\_\_  
Date