

State of Michigan
Department of Career Development - King•Chavez•Parks Initiative
Future Faculty Fellowship Program
Masters Fellowship Agreement
Fellowship Effective:

Beginning Semester and Year: _____

Fellow's Name: _____
University: _____
Major: _____
Award Amount: _____ **Original award and date** Expanded Award: _____ **Additional Award and date**

For reference only

I. Master's Fellowship Program Obligation

A. I agree:

1. To pursue and obtain a Master's degree at a Michigan public university within four (4) years of receiving this King Chavez Parks (KCP) Initiative Fellowship Award.
2. To maintain good academic standing at the postsecondary institution, as defined by the institution.
3. To make my best effort to attend the annual Equity in the Classroom Conference.
4. To not accept a second KCP Initiative Fellowship Award for the same degree level.
5. To begin part or full-time faculty teaching or administrative career in a public or private two (2) or four (4) year postsecondary institution in –state or out-of-state within one (1) year after obtaining my Master's degree. I may submit a written request for consideration for an additional successive year extension (with the maximum being three (3) additional successive years) to find and commence postsecondary employment to fulfill the service requirement of my KCP Initiative Fellowship Award.
6. To fulfill the service obligation of this agreement through part or full-time postsecondary teaching or administrative positions for a minimum of three (3) years equivalent full-time.

B. If I do not begin a part or full time teaching or administrative career in a private or public two (2) or four (4) year postsecondary institution in-state or out-of-state within one (1) year after obtaining the Master's degree, or after the approved extension period, I agree:

1. To enroll in and pursue a doctoral degree at a Michigan postsecondary institution within one (1) year after obtaining my master's degree.
2. To obtain a doctoral degree within eight (8) years of becoming enrolled in the doctoral program.
3. To begin a part or full time faculty teaching or administrative career in a public or private two (2) or four (4) year postsecondary institution in state or out-of-state within one (1) year after obtaining my doctoral degree.
4. To fulfill the service obligation of this agreement through part or full-time postsecondary faculty or administrative employment for a minimum of three (3) years equivalent full-time.
5. If I am unsuccessful in completing my doctoral degree, I will immediately begin to fulfill the service obligation of this agreement

C. I agree to provide the KCP Initiative with written evidence of compliance with the above requirements.

D. I agree to advise the KCP Initiative within thirty (30) days, in writing, of any change in my name or address, or my withdrawal from my postsecondary institution, or any situation making it impossible to complete my degree within the required time.

E. I understand my service obligation shall be reduced proportionately if my KCP Fellowship award was less than the full fellowship allowed.

II. Repayment Upon Default

A. I agree that I shall be in “default” on this Agreement if any of the following occurs:

1. Failure to meet any condition, requirement or obligation described in this Agreement, or
2. During the application stage, during my pursuit of the degree required by the Agreement, and during any time I am fulfilling the requirements of this Agreement, I engage in any conduct which is a felony or other serious criminal act or which involves fraud or false representation.

B. I agree that a Default will cause the King•Chavez•Parks (KCP) Initiative Fellowship Award to become a King•Chavez•Parks Initiative Loan (KCP Loan). My KCP Fellowship Award amount to date will become the principal due under the KCP loan. I promise to pay the KCP Initiative the full amount of the KCP loan, plus interest. The interest will begin to accrue from the date of the Default. The interest will be fixed at the rate in effect on the date of default as declared by the Michigan Department of Treasury pursuant to MCL 205.23. The interest will be compounded annually. I will also owe late charges if I do not repay the KCP loan within the time I agree to do so under the Disclosure and Repayment Schedule, or, if applicable, within the other times provided for within this Agreement.

C. I may agree in writing to pay the KCP Loan according to a Repayment Schedule prepared by the KCP Initiative. However, if I do not make such an agreement but pay the total amount of the KCP Loan plus all interest and other charges within 365 days from the date of the Default, the KCP Initiative may waive or remit to me any interest or late charges that were assessed or collected.

D. I understand that any Repayment Schedule for the KCP Loan will require that the KCP Loan, plus the interest and other charges be fully paid within ten (10) years of the date of Default. The minimum monthly payment shall be at least one hundred dollars (\$100) per month.

E. Repayment

1. If any payment has not reached the KCP Initiative within ten (10) days after its due date, the KCP Initiative will bill the recipient a late charge not to exceed \$15.00 or five percent (5%) of the payment then due, whichever is greater. A fee not to exceed \$25.00 will be charged for a check or other payment instrument that is dishonored because of insufficient funds in the account on which the check or instrument is drawn.
2. I may request the KCP Initiative to extend forbearance in the form of a reduced monthly payment for any period or periods not exceed a total of thirty-six (36) months. In order to be granted forbearance I must demonstrate to the satisfaction of the KCP Initiative that I am experiencing serious financial hardship. If the KCP Initiative grants the request for forbearance they will determine the period for further forbearance.
3. The KCP Initiative shall cancel my unpaid KCP loan amount if I die, or become totally and permanently disabled and as a result, become unable to teach, and I have the disability certified by a licensed doctor of medicine, osteopathy or psychiatry.
4. The KCP Initiative shall release to other parties or agents information regarding this obligation in order to effect payment of this obligation or to verify the existence of this obligation.
5. I agree that all costs, expenses, and attorney fees incurred by the KCP Initiative or the Michigan Department of Career Development and the Michigan Department of Treasury for collection of any past due KCP Loan or KCP Loan payment shall be added to the total amount of the KCP Loan due.

F. If I default, but my default did not arise by reason of any conduct stated in Section II A-2, and if my circumstances demonstrate I qualify for Credit(s), the KCP Initiative will reduce the amount of the KCP Loan I owed on the date of Default by one or both of the following described Credits:

1. The Master's Degree Credit: The KCP Loan will be reduced by one third (1/3) if I have:
 - a. Completed all of the obligations under this Agreement except the obligations stated in Subsections 5 or 6 of Sections IA; and
 - b. Obtained my master's degree from a Michigan post-secondary institution; and
 - c. At the time I was awarded the KCP Initiative Fellowship I was a Michigan resident as defined by the degree-granting institution
2. The Service Credit: The KCP Loan amount will be reduced for each year or portion of a year I successfully complete full-time equivalent faculty teaching or administrative work in a public or private two (2) or four (4) year postsecondary institution in-state or out-of-state. This reduction amount shall be calculated as follows:
 - a. The KCP Loan amount existing after deduction for the master's degree credit,
 - b. divided by three (3)
 - c. times the year or number of years the master's fellow completed the Service requirement toward fulfillment of the obligation in Section I A 5 and 6 of this Agreement.

III. Appeal: I understand that I may appeal a 'Default' determination made by the KCP Initiative. The appeal process is described in the KCP Initiative *Future Faculty Fellowship Program Administrative Handbook* available at the institution office responsible for administration of the KCP Initiative Fellowship Program or at the state KCP Initiative Office.

My signature below certifies that I have read, understand and agree to the conditions and requirements of the Agreement. I agree that my Default will require that I repay my Award Amount (KCP Loan), plus interest, costs, fees and attorney fees. By signing this agreement I acknowledge that I have received a copy of this agreement:

Signature	Date	Email address	Social Security Number
Name (Print or type)	Driver's License #	STATE	Date of Birth
Address: Number and Street	City	State	Zip Code
Name of Next of Kin (Print or type)	Relationship		
Address: Number and Street	City	State	Zip Code
Signature of Witness		Date	

University