

**ADDENDUM TO CYBERCORP SCHOLARSHIP FOR SERVICE AGREEMENT**

This addendum sets forth the scholarship funds recovery process for Scholarship for Service (SFS) program participants who are found to be in breach of the terms and conditions set forth in the SFS Service Agreement (hereinafter referred to as the Agreement) under the heading “I. Participant Responsibilities.” Mississippi State University (MSU) is required, as a participating institution in the SFS program, to collect **all** scholarship funds received by any participant enrolled in the university who fails to fulfill the obligations and responsibilities agreed to in the Agreement.

By accepting SFS funds, the Participant understands and agrees that:

- a) Breach of the Agreement will result in a forfeiture of the entire scholarship award and cause **all** funds extended to the Participant, or to MSU for the Participant’s benefit, to become a debt owed to the Federal Government as described under the heading “II. Participant Reimbursement to the Federal Government” of the Agreement;
- b) MSU is responsible for collecting the funds owed to the Federal Government as a participating institution due to Participant’s breach of the Agreement;
- c) Breach of the Agreement will result in an immediate financial hold being placed on Participant’s student account by MSU with all the restrictions that result from student holds;
- d) Removal of the financial hold placed on Participant’s account at MSU will require one of the following actions:
  - a. Lump sum payment to MSU for all amounts owed to the Federal Government resulting from breach of the Agreement, or
  - b. Execution of a promissory note and financing agreement on terms negotiated with MSU that are in compliance with the provisions set forth in part B or D of Title IV of the Higher Education Act of 1965;

I certify that I have read and understand the terms set forth in this addendum, and that this addendum does not release me from any of my responsibilities under the Agreement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant’s PRINTED Name                      Participant’s Signature                      Date

Witnessed by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Principal Investigator’s PRINTED Name                      Principal Investigator’s Signature                      Date