

# AmeriCorps\*VISTA Member Benefits Election Form

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security Number:    —   —

You have the option of choosing between:

(1) A \$1,200 end-of-service stipend, payable in cash at the end of service,

**OR**

(2) A \$4,725 education award, payable to a lender or educational institution up to seven years after service, subject to availability of AmeriCorps\*VISTA education award allocation resources.

If you select the stipend, you also may be eligible for partial cancellation of Perkins loans (taken out prior to AmeriCorps\*VISTA service). This cancellation provision is not available if you select the education award.

Please consider your decision carefully and indicate which option you are choosing by marking the appropriate box below and then signing your name.

Stipend  Education Award\*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*In the case of my death during my year of service, I rescind my election of the education award and elect the stipend.

## FOR CNCS STATE PROGRAM DIRECTORS ONLY

Please complete the following information ONLY if the AmeriCorps\*VISTA member has elected an education award.

1. Date of enrollment in Trust Fund: \_\_\_\_\_ (MM/DD/YY) (Actual start date of this term of service.)  
Signature of State Program Director: \_\_\_\_\_ Date: \_\_\_\_\_
2. Record information in SPAN using the Education Award screen before the end of the next pay period.
3. File original in member's file.

# Instructions

The current AmeriCorps member application is developed for all the three AmeriCorps programs, VISTA, NCCC, and State and National.

In order to ensure that enough resources are available in the National Service Trust before committing education awards, the Corporation for National and Community Service is implementing new member enrollment procedures for AmeriCorps\*VISTA. Effective on May 1, 2003, these procedures require all sponsoring organizations to collect member post-service benefit information along with the completed member application from AmeriCorps\*VISTA applicants.

Every AmeriCorps\*VISTA applicant may elect one of two post-service benefits. This choice includes an education award of \$4,725 or a cash stipend of \$1,200. Your ability to earn the education award is subject to availability of National Service Trust funds allocated to the AmeriCorps\*VISTA program and program priorities. This AmeriCorps\*VISTA Member Benefits Election form is the ONLY opportunity for applicants to elect and to receive an education award.

## Where to send your application

If you are applying to AmeriCorps\*VISTA, send this form along with your completed member application directly to an AmeriCorps\*VISTA sponsoring organization. Check out [www.americorps.org](http://www.americorps.org) to find out how to apply and to complete the entire member application on-line.

If you do not have access to the Internet, you can still apply on-line, or get the program address by calling 1-800-942-2677.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C. 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in the AmeriCorps\*VISTA program.

The principal purpose for requesting this information is to process your application for acceptance into an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

Public reporting burden for this form is less than a minute the entire member application is estimated to average 46 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, AmeriCorps Recruitment, 8<sup>th</sup> Floor, Attn: Kim Mansaray, 1201 New York Avenue, N.W., 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (see 5 C.F.R. 1320.5(b)(2)(i).)