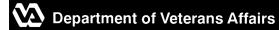
OMB Number: 2900-XXXX Estimated Burden: 10 minutes



Health Professional Scholarship Program (HPSP) &

Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP)

## VA Scholarship Offer Response

Retain this attachment until you are notified of your selection as a scholarship recipient. Do not mail this form with your application.

## PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7502 and 7602 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

Applicant's (Last, First, MI):		Social Secu	urity Number:	
Please indicate whether you are accepting or declining the Department of Veterans Affairs scholarship award by checking the appropriate space below.  The scholarship award will not be issued until this form is completed and received by the scholarship program office.  A. I understand that the VA will require me to maintain coursework in the course of study for which the scholarshup, plan of study, academic standing, name, main course of education for which the scholarship is proceed to the program of the scholarship is proceed to the penalties as the provided.  E. I understand that the VA agrees to provide an appoint which the scholarship is provided.  F. I understand that I may be subject to the penalties as	I accept the s  I decline the  Visual Impairment an  I accept the s  I decline the  In enrollment, an acceptable cholarship award is provided. The scholarship program in willing address, telephone numbers and tour in an assignment or ovided.  I in a VA health care facility by the scholarship program.	e scholarship award for the scholarship awar	the 20 20 school year.  The 20 20 school year.	ship Progran
program for which I am requesting scholarship sup I accept this scholarship award with the terms ar  Applicant's Signature	port or if I do not complete	the required service obli	igation.	Initial ument.
My address, e-mail, and phone number are the same	as on my application.		ontact information as indicat	ted below.
New Address (Include Street Address, City, State, and ZI.  New E-mail:		none Number:		
Payment Information for the direct deposit of stipend	ls and reimbursement of o	ther related costs. <i>Dir</i>	ect deposit of funds is requi	red.
Name of Financial Institution:		ount Number:	Routing Number:	
Please indicate Account Type: Checking	Savings			