OMB Number: 2900-0793 Estimated Burden: 50 minutes

Department of Veterans Affairs

Department of Veterans Affairs	Health Professional Scholarship Progra Wisual Impairment and Orientation and Mobility Professiona	
Evalu	uation & Recommendation Form	
Return this completed form to: HPSP/VIOMPSP Depart	ment of Veterans Affairs, 1250 Poydras St., Suite 1000, N	Jew Orleans, LA 70113
Scholarship Program: HPSP VIOMPSP A	pplicant's Name (Last, First, MI):	
United States Code, Sections 7501-7505, 7601-7619, and 763 evaluating and selecting individuals for scholarships, considers. The VA is asking you to provide the information on this form receive a scholarship award. VA may disclose the information for: civil or criminal law enforcement; congressional commun or has interest; the administration of VA training and scholarsh administration. You do not have to provide this information to VA a social security number, VA will use it to obtain informat awarded. It also may be used for other purposes authorized or	PRIVACY ACT NOTICE: under the authority of 38 U.S.C. 7502 and 7602 in order for VA to that you put on the form as permitted by law. VA may make a "relications; the collection of money owed to the United States; litigate programs, including verification of the applicant's eligibility to VA but, if you do not, VA may be unable to process the application relevant to determining whether to grant a scholarship, and to required by law.	to determine the applicant's eligibility to outine use" disclosure of the information tion in which the United States is a party o participate; and personnel nt's request for a scholarship. If you give
Con	sent for Release of Information	
standing, including grade point average, both now and while I and Mobility Professionals Scholarship Program as well as the this consent at any time. However, I further understand that if	am, or will be, enrolled to release to VA information regarding my am participating in the VA Health Professional Scholarship Prog e plan of study and projected costs. I understand that this authorized voluntarily revoke this authorization after the award of the schowith provisions of 38 U.S.C. Sections 7505 and 7617. I authorized remains to the Department of Veterans Affairs.	ram/Visual Impairment and Orientation cation is voluntary, and that I may revoke plarship, my scholarship award may be
Applicant's Signa	ature	Date Signed
Evaluation/Recommendation Type: Academic F	aculty Employer (non-VA) VA Employer	Other
Relationship to applicant:		Length of time known:
EVALUATION (Comments are strongly encouraged	d and will assist in the scoring of the applicant's application	on.)
How do you rate the educational/work achievement of	applicant? (Please provide written comments)  3 - Average  2 - Below Average	] 1 - Poor
<ol> <li>How do you rate the applicant's relationships with other Consider such things as ability to work and get along with a such things as ability to work and get along with a such that it is a such that the such that a such th</li></ol>		] 1 - Poor
3. Based on this applicant's personal, emotional, ethical a Veteran population? (Please provide written comment.  5 - Outstanding 4 - Above Average  Comments:	attributes, how do you rate his/her over-all potential for pross)  3 - Average  2 - Below Average	oviding clinical services to our nation's
Scholarship Recommendation: Recommend	ed Not Recommended	
Conflict of Interest Statement: I certify that I am	not related to the applicant by blood or marriage.	Initials:
Institution/Organization (Name & Address)		
E	valuator (Print) Evaluator	(Signature)
$\left  \overline{ ext{Ti}}  ight $	ttle/Position Date	

VA FORM 10-0491E PAGE 1 of 1