



**Health Professional Scholarship Program (HPSP), Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP), & Veterans Healing Veterans Medical Access and Education Scholarship Program (VHVMAESP)**

**Academic Verification**

1. Applicant must sign and date the "Consent for Release of Information."
2. This "Academic Verification" form is part of the application package and must be completed by the Dean/Program Director, or Administrative Chair of applicant's program.
3. The applicant is responsible for ensuring that all documents are returned to the scholarship program office by the due date.
4. Submit completed documents as required by the application announcement or as a last option to:  
 HPSP/VIOMPSP/VHVMAESP, Department of Veterans Affairs  
 1250 Poydras Street, Suite 1000, New Orleans, LA 70113

**Consent for Release of Information**

CONSENT: I authorize the educational institution in which I am, or will be, enrolled to release to VA information regarding my enrollment status and academic standing, including grade point average, both now and while I am participating in the VA Health Professional Scholarship Program/Visual Impairment and Orientation and Mobility Professionals Scholarship Program/Veterans Healing Veterans Medical Access and Education Scholarship Program as well as the plan of study and projected costs. I understand that this authorization is voluntary, and that I may revoke this consent at any time. However, I further understand that if I voluntarily revoke this authorization after the award of the scholarship, my scholarship award may be terminated and I may be liable for the damages in accordance with provisions of 38 U.S.C. Sections §7505 (VIOMPSP), §7617 (HPSP and VHVMAESP).

Applicant's Signature (Pen and Ink) \_\_\_\_\_

Date Signed \_\_\_\_\_

**Information from Applicant**

HPSP    VIOMPSP    VHVMAESP

1. Name (Last, First, MI): \_\_\_\_\_

2. SSN: \_\_\_\_\_

3. Name of college or university where applicant is enrolled/accepted (**Do Not Abbreviate**): \_\_\_\_\_

4. Degree sought with this scholarship (*Check one only*)(VIOMPSP must be Baccalaureate or higher):

Associate    Baccalaureate    Master's    Doctorate    Other (Specify) \_\_\_\_\_

5. Clinical Program: \_\_\_\_\_

6. Please list the specific degree and specialty: \_\_\_\_\_

**Accreditation of Academic Program**

7. Name of the organization that accredited your academic program: \_\_\_\_\_

Accreditation expiration date: \_\_\_\_\_

***If program is not accredited, the applicant is not eligible for the scholarship program and this form does not need to be completed. Representative from the program should explain the lack of accreditation to the applicant.***

**Admission, Enrollment and Program Completion Information**

8. Applicant enrollment status (*check one*).

***To be eligible for the scholarship award, the student must be unconditionally admitted to the program and degree level by the time the awards are granted. Therefore, it is critical that an "Addendum to Application" form is submitted by the school if the admission status changes.***

- Unconditionally admitted
- Conditional/Pending admission (*Please explain, including anticipated date of meeting requirements for unconditional admission*)
- Probational admission (*Please explain*)

8a. Explanation: \_\_\_\_\_

9. What is full-time enrollment at your university/college? \_\_\_\_\_ Credit Hours per  Semester    Quarter

10. Will the applicant be attending full-time or part-time? (HPSP & VHVMAESP must be full-time)    Full-time    Part-time

11. Date the applicant started or will start the program under this scholarship program: \_\_\_\_\_

12. Date that classes begin for the upcoming fall semester/quarter: \_\_\_\_\_

13. Expected date that academic requirement(s), including all clinical rotations and/or projects will be completed: \_\_\_\_\_

14. Expected date degree will be conferred: \_\_\_\_\_



Semester/Quarter	Start Date _____	End Date _____		
Course Number	Course Title		Credit Hrs	Tuition
List allowable fees for this term or that start during this term if they continue into the next term.			<b>Total CH</b>	<b>Total Tuition</b>
Fees		Cost		
<b>Total Fees</b>			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Total Projected Cost for Semester</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>	

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Fees	Cost		_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Fees	Cost		
_____	_____		
_____	_____		
_____	_____		
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Course Number	Course Title	Credit Hrs      Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Fees	Cost		
_____	_____		
_____	_____		
_____	_____		
_____	_____	<b>Total Fees</b>	<b>Total Projected Cost for Semester</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**Please enclose a copy of the school's academic program curriculum.**

**PRIVACY ACT NOTICE**

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. §7501 (VIOMPSP), §7611 (HPSP), and §7601 (VHVMAESP) in order for VA to determine the applicant's 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 the applicant's 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 the applicant's request for a scholarship. If you give VA a social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer the applicant's scholarship, if awarded. It also may be used for other purposes authorized or required by law.

**Certification**

I understand it is my responsibility to notify the scholarship program if there are any changes in CGPA, admission status, enrollment status, plan of study, projected costs, or program accreditation. I certify the accuracy of all information stated on this Form.

Name (Print)	Signature ( <i>Dean/Program Director/Administrative Chair of Program</i> )	Date
_____	_____	_____
Title	Phone Number ( <i>include area code</i> )	E-mail Address
_____	_____	_____

*(Forward the ADDENDUM to the Scholarship Program immediately. Inaccurate data may cause both the school and the student to lose funding.)*