OMB Number: 2900-0793 Estimated Burden: 60 minutes

## Department of Veterans Affairs

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)		ate Signed		
Information from Applicant				
HPSP VIOMPSP VHVMAESP 1. Name (Last, First, M	(I):	2. SSN:		
3. Name of college or university where applicant is enrolled/accepted (De	n 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 o	f Academic Program			
7. Name of the organization that accredited your academic program:	A	ccreditation 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 Informati	ion		
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 "Probational admission (Please explain)  Unconditionally admitted  Conditional/Pending admission (Please explain, including anticipated date meeting requirements for unconditional admission)  Probational admission (Please explain)				
admission status changes.	Trooutional admission (Ficuse 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 & VH)	MAESP 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 rot	ations and/or projects will be completed:			
14. Expected date degree will be conferred:				

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HPSP/VIOMPSP/VHV	MAESP Academic Verification	1 (continued) Applicant Name:		
	Cumulativ	e Grade Point Average (CGPA)		
pursuing a graduate de hours and if applicabl check the N/A box an For Undergraduate Student CGPA must be compu- courses accepted as sa If the applicant compl	egree. If the student has not achie, CGPA on credit hours for all god indicate whether or not the students at the domain and post-secondary acade trisfying the requirements of the	PA) need not be identified if the student has compieved 15 hours of graduate credit, identify CGPA agraduate academic courses completed. For institution dent is in Good Standing (according to standards smic courses taken within past 10 years. It should degree for which the applicant is requesting a school 10 years ago, CGPA should be computed on all of	and credit hours for ions that do not use set by the school). not be computed or olarship.	r all undergraduate numerical grades, aly on academic
15. Undergraduate C		credit hours Semester Quarter	N/A Standi	tudent in Good Academic ng? Graduate Students Only
16. Graduate CGPA	based on	credit hours Semester Quarter	N/A Y	Yes No
**If there is a		ssion of this document, forward the ADDENDUM to the Schol	arship Program immedi	ately.
	Plan of	f Study and Projected Costs		
17. For each term please list:	- Course number and title - Credit hours for each course		include books, supp rd, or meal plans)	olies, equipment,
Allowable Fees:		curriculum such as laboratory expenses; - Matricularity (if required for all students in the same academic payable Fees		
Non-Allowable Fees:  Notes:	<ul> <li>Travel costs for clinical rota expenses; - Licensure/Certific pay for these items.) Note: See</li> <li>Tuition and fees will not be</li> </ul>	ntal/vision/life insurance; - Computers and softwar tions; - Parking fees; - Membership dues for stude cation Courses/Reviews (Annual lump-sum "Other the Invoicing Guidance for a consolidated list of No paid for courses that are being repeated. d whether required or optional.	nt societies, associ Related Costs" pa	ations and similar
6 / /0				
Semester/Quarter	Start Date	End Date	Cradit Hra	Tuition
Course Number	Course Title		Credit Hrs	Tuition
List allowable fees for this ter	m or that start during this term if	f they continue into the next term.	Total CH	<b>Total Tuition</b>
Fees		Cost		
		Total Fees	f	l Projected Cost or Semester

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HPSP/VIOMPSP/V	VHVMAESP Academic Verification (continued)	Applicant Name:		_
Semester/Quarte	r Start Date	End Date		
Course Number	Course Title		Credit Hrs	Tuition
st allowable fees for th	is term or that start during this term if they continue in	ato the next term.	Total CH	Total Tuition
:es				
			Total I	Projected Cost r Semester
		Total Fees		
Semester/Quarte	Start Date	End Date		
ourse Number	Course Title		Credit Hrs	Tuition
st allowable fees for th	is term or that start during this term if they continue in	Cost	Total CH	Total Tuition
			Total l	Projected Cost Semester
		Total Fees		

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	VHVMAESP Academic Verification	_		
Semester/Quarte	Start Date	End Date		
ourse Number	Course Title		Credit Hrs	Tuition
st allowable fees for the	nis term or that start during this term	Cost	Total CH	Total Tuition
			Total fo	Projected Cost r Semester
		Tota	l Fees	
Semester/Quarte	Start Date	End Date		
Course Number	Course Title		Credit Hrs	Tuition
ist allowable fees for th	nis term or that start during this term	if they continue into the next term.  Cost	Total CH	Total Tuition
				Projected Cost r Semester
		Tota	l Fees	

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	VHVMAESP Academic Verification	_		
Semester/Quarte	Start Date	End Date		
ourse Number	Course Title		Credit Hrs	Tuition
st allowable fees for the	nis term or that start during this term	Cost	Total CH	Total Tuition
			Total fo	Projected Cost r Semester
		Tota	l Fees	
Semester/Quarte	Start Date	End Date		
Course Number	Course Title		Credit Hrs	Tuition
ist allowable fees for th	nis term or that start during this term	if they continue into the next term.  Cost	Total CH	Total Tuition
				Projected Cost r Semester
		Tota	l Fees	

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HPSP/VIOMPSP/VH	VMAESP Academic Verification (continued)	Applica	nt Name:		
Semester/Quarter	Start Date	End Date			
Course Number	Course Title			Credit Hrs	Tuition
List allowable fees for this t	erm or that start during this term if they continu	ue into the next term  Cost	ı. —	Total CH	Total Tuition
			Total Fees	I	l Projected Cost for Semester
Semester/Quarter	Start Date	End Date			
List allowable fees for this t	erm or that start during this term if they continu	ue into the next term  Cost	l. —		Total Tuition  I Projected Cost for Semester
			Total Fees		
	Please enclose a copy of the sch	ool's academic prog	gram curriculum.		
VA to determine the applicant's "routine use" disclosure of the ilitigation in which the United S to participate; and personnel ad scholarship. If you give VA a s	the the information on this form under the authority of a eligibility to receive a scholarship award. VA may deformation for: civil or criminal law enforcement; contacts is a party or has interest; the administration of Variation. You do not have to provide this information security number, VA will use it to obtain information. It also may be used for other purposes authorize	lisclose the information ongressional communic /A training and scholar ation to VA but, if you mation relevant to detend or required by law.	n that you put on the for cations; the collection of rship programs, including do not, VA may be und	m as permitted by f money owed to ng verification of able to process th	y law. VA may make a the United States; the applicant's eligibility e applicant's request for a
	Sibility to notify the scholarship program if the ojected costs, or program accreditation. I certification				nt status, plan of study
Name (Print)	Signature (Dean/Pr	ogram Director/Add	ministrative Chair oj	f Program)	Date
Title	Phone Number (incl	lude area code) E-	-mail Address		

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

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