



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)

Notice of Change and/or Annual Academic Status

(Please submit this form for any changes from the original application and annually to verify academic status.)

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 administer your 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 continue your scholarship award. If you give VA your social security number, VA will use it to obtain information relevant to administering your scholarship award. It also may be used for other purposes authorized or required by law.

Form with checkboxes for HPSP, VHVMAESP, Annual Status/Progress Report, VIOMPSP, and Notice of Change. Includes fields for Scholarship Participant's Name and SSN.

I am still enrolled in the school/program for which this scholarship was awarded and do not have any changes to my original application/academic plan or previously approved changes. Changes to my original application/academic plan are indicated below.

Supporting documentation is required for all changes (new school fee schedule, etc...) More than one change may be selected.

Form for Name Change, Address Change, Completion Date Change, and Credit Hour Change with 'From' and 'To' fields.

Table for Course Change with columns for Semester/Quarter, Start Date, End Date, Course #, Course Title, Credits, and Tuition. Includes sections for Previously Scheduled and New Schedule.

Form for Repeat Coursework, Change in Total Projected Costs, Request for Suspension, Leave of Absence, Change from full-time status to less than full-time status, and Voluntary withdrawal from course(s).

School/Program change (Requires prior approval. Changes are strongly discouraged.) Date: New School/Program:

Reason for change(s) and planned actions other than change(s) noted above:

Participant's Signature: Date:

Advisor comments:

Annual enrollment and satisfactory status/progress verified: Advisor Disposition on proposed change(s)/actions: Concur Do not concur

Advisor's Signature: Date:

Submit to: HPSP/VIOMPSP/VHVMAESP, Department of Veterans Affairs, 1250 Poydras St., Suite 1000, New Orleans, LA 70113