OMB Number: XXXX-XXXX
Estimated Burden: 10 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)

Mobility Agreement

PRIVACY ACT NOTICE

The 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.

The purpose of the scholarship program is to award scholarships to students receiving education or training in a direct or indirect health-care services discipline, and to assist in providing an adequate supply of such personnel for the Department of Veterans Affairs (VA) and the United States. In exchange for the award, HPSP scholarship program participants must agree to serve a minimum 2-year service obligation, VIOMPSP scholarship program participants must agree to serve a minimum 3-year service obligation, and VHVMAESP participants must agree to serve a minimum 4-year service obligation in a VA health care facility as a full-time employee for full-time students. As a HPSP part-time program participant, the minimum service obligation is 1-year in position for which the degree program prepared him or her.

Name of Applicant *(Last, First, MI):*	SSN (Last 4 Only):

Initial Here ☐ I understand that while my preferences will be considered to the extent possible, my initial assignment after graduation and completion of my licensure/certification, will be made based on the needs of the Veterans Health Administration and I may be required to accept assignment at any VHA facility where my services are needed.

Initial Here ☐ I agree to relocate, if necessary, at my own expense to complete my service obligation period in accordance with Sections C.13 and C.14 of my HPSP Agreement, Section C.11 and C.12 of my VHVMAESP Agreement, or Sections C.10 and C.11 of my VIOMPSP Agreement.

Initial Here ☐ I understand if my initial assignment is not offered at my facility of choice, relocation benefits will not be paid by the Scholarships and Clinical Education Office.

Initial Here ☐ I understand, if I refuse to relocate for my initial assignment I am subject to the provisions of Section D.3 of my HPSP Agreement, VHVMAESP Agreement or VIOMPSP Agreement.

Certification of Accuracy

I acknowledge that by accepting this scholarship, I hereby agree to abide by the terms of this Mobility Agreement.
(Inaccurate data may cause both the school and the student to lose funding.)

Name (Print) _____ Signature of Program Participant _____ Date _____

Phone Number *(include area code)* _____ E-mail Address _____