

APPLICATION SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

INSTRUCTIONS: Please furnish all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility and ranking for selection to receive a loan repayment award from VA. Type or print in ink. If additional space is required, use the space in Section V.

PRELIMINARY ELIGIBILITY QUESTIONS

1. Are you currently enrolled in a medical residency program? If no, move on to Question 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. List Residency Program and Clinical Specialty: _____	
B. Is your residency program located in a rural area; operated by Indian tribes, tribal organization or the Indian Health Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you responded "Yes" to question 1, do you have at least two year remaining in your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you responded "No" to question 1, have you graduated from an accredited medical or osteopathic school AND matched to an accredited residency program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you certified to practice within one of the clinical specialties listed in the program guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you able to complete the required full-time VA employment obligation after graduation and required licensure/certification? <i>This will require relocation at your expense if there is not a suitable vacancy or you are not selected for employment at a VA facility nearby.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you owe a service obligation to any other entity to perform service after you complete your residency program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you currently enrolled or receiving loan repayment, reimbursement or other assistance for loans? <i>(Excluding the Public Service Loan Forgiveness program.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you delinquent on payment of a federal debt? <i>This includes delinquent taxes, audit disallowances, guaranteed or direct student loans, Federal Housing Administration (FHA) or VA mortgages, and other miscellaneous administrative debts.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to any of questions 1-6 or answered "Yes" to 7-9, you are NOT eligible for this award program and you should not submit an application.

SUMMARY OF THE COMPLETE APPLICATION PACKAGE REQUIREMENTS

The following items constitute a complete application package. It is the responsibility of the applicant to ensure that the application package is complete, accurate and submitted by the deadline. Questions regarding application materials should be directed to the point of contact listed in the program materials. **Incomplete applications will not be reviewed.**

1. SELRP Application Form (*VA Form 10-XXX*) and Supporting Documentation
 - A. Resume
 - B. Academic Transcripts (*Unofficial transcript acceptable*)
 - C. Medical School Diploma (*copy*)
 - D. Recommendation Letters
 - i. From academic program where you will be or where you are currently enrolled and
 - ii. From a person who has known you for a minimum of two year
 - E. National Student Loan Data System
 - F. Loan Verification Forms
2. OF-306
3. VA Form 10-2850



APPLICATION FOR SPECIALTY EDUCATION LOAN REPAYMENT PROGRAM

SECTION I – APPLICANT INFORMATION AND PREFERENCES

APPLICANT NAME <i>(Last, First, MI)</i> :	APPLICANT SSN:	PERSONAL EMAIL:
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PRESENT ADDRESS

CLINICAL SPECIALTY	ESTIMATED OUTSTANDING EDUCATION LOAN DEBT <i>(Final amount will be determined following review of applicant's qualifying student loan debt)</i> :
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SELECT TOP PREFERRED LOCATIONS FOR EMPLOYMENT *(Selectees preferences will be considered; however final placement will be determined by the VA.)*:

<input type="checkbox"/> SITE A	<input type="checkbox"/> SITE F
<input type="checkbox"/> SITE B	<input type="checkbox"/> SITE G
<input type="checkbox"/> SITE C	<input type="checkbox"/> SITE H
<input type="checkbox"/> SITE D	<input type="checkbox"/> SITE I
<input type="checkbox"/> SITE E	<input type="checkbox"/> SITE J

SECTION II – PERSONAL STATEMENT

PLEASE INCLUDE WHY YOU WANT TO WORK FOR THE VETERANS HEALTH ADMINISTRATION, YOUR CLINICAL AREAS OF INTEREST AND YOUR SHORT-RANGE *(less than five years)* AND LONG-RANGE *(between five and ten years)* GOALS?

SECTION III – REQUIRED AND SUPPLEMENTAL INFORMATION

Use this section to annotate the attachments required to complete your application. Be sure to include all attachments included when submitted the application.

<p>REQUIRED:</p> <p><input type="checkbox"/> RESUME</p> <p><input type="checkbox"/> TRANSCRIPTS</p> <p><input type="checkbox"/> LETTER OF REFERENCE 1</p> <p><input type="checkbox"/> LETTER OF REFERENCE 2</p> <p><input type="checkbox"/> NATIONAL STUDENT LOAN DATA SYSTEM</p> <p><input type="checkbox"/> LOAN VERIFICATION FORMS</p>	<p>SUPPLEMENTAL <i>(please list below):</i></p>
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ENTER EXPLANATIONS TO PRIOR QUESTIONS AND SUPPLEMENTAL INFORMATION. *(Be sure to indicate the corresponding question number on the form to which the comment refers.)*

- SELRP Program Requirements:
- a. The SELRP requires that award participants be assigned a permanent duty location determined by VA while enrolled in the course of education for which the scholarship is provided. This may require relocation at your expense.
 - b. I am aware of the required service obligation to work in a VA health care facility in a full-time position for which I will be prepared after completing the education program supported by the scholarship program. This will require relocation at my expense if there is not a suitable vacancy or if I am not selected for employment at a nearby VA facility.
 - c. I am aware of the penalties as described in the program agreement if I do not complete the education program for which I am requesting scholarship support or if I do not complete the required service obligation.

SECTION IV – AUTHENTICATION

The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords you certain rights regarding your education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties. This consent to release records to the VA applies to such records that may otherwise be protected under FERPA. Institutions may, pursuant to Consolidated Appropriations Act, 2018 [Public Law 115-141] and with explicit written consent from the student, share Free Application for Federal Student Aid (FAFSA) information with a scholarship granting organization or tribal organization. The recipient of records under this authorization may not re-disclose information from student records without the prior written consent of the student or as permitted by law.

In order to determine eligibility, award, and administer the Specialty Education Loan Repayment Program,) the Department of Veterans Affairs (VA) requires information to be released by your school to VA representatives. This form authorizes the education institutions listed to release this information to VA representatives. List all schools for which loan repayment is sought (e.g., one per transcript):

SCHOOL NAME:	SCHOOL NAME:
SCHOOL NAME:	SCHOOL NAME:

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that any information I have provided may be investigated and that any false representation is sufficient cause for rejection of this application or, if granted and award, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punishable under U.S. Code, Title 18, Section 1001. I understand that decisions on awards will be final.

APPLICANT NAME <i>(print or type):</i>	APPLICANT SIGNATURE:	DATE:

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7502 and 7602 in order for VA to determine your 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 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 process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

All material submitted becomes the property of the Federal Government and will not be returned.
Read the accompanying Applicant Information Bulletin before completing this form.

Submit completed application to:
Education Loan Repayment Services
Department of Veterans Affairs