



**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)**

### Addendum to Application

#### 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.

**If there are any changes in CGPA, admission status, enrollment status, plan of study, projected costs, or program accreditation, immediately forward this ADDENDUM along with supporting documentation to:**

**HPSP/VIOMPSP/VHVMAESP**  
Department of Veterans Affairs  
1250 Poydras Street, Suite 1000  
New Orleans, LA 70113

Name of Applicant (*Last, First, MI*):

SSN:

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

Reason for addendum:

- Cumulative Grade Point Average change   
  Admission status change   
  Enrollment status change   
  Program accreditation change  
 Projected cost change   
  Plan of Study change   
  Other: \_\_\_\_\_

Comments/New Information:

### Certification of Accuracy

I certify the accuracy of all information stated on this Form.  
*(Inaccurate data may cause both the school and the student to lose funding.)*

Name (Print)

Signature (*Dean/Program Director/Administrative Chair of Program*)

Date

Title

Phone Number (*include area code*)

E-mail Address