



## Readjustment Counseling Service Scholarship Program (RCSSP) APPLICATION

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 scholarship 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 or have you been accepted for full-time or part-time enrollment in an academic program that will qualify you for employment in one of the fields and educational level listed in the program materials for this application cycle? The academic program must be located in the United States.  Yes  No
2. Do you have a cumulative grade point average of 3.0 or above if some coursework is already completed and/or in Good Academic standing?  Yes  No
3. **FOR PSYCHOLOGY STUDENTS ONLY.** Are you available to complete a one year clinical internship at an American Psychological Association (APA) or a Canadian Psychological Association (CPA) accredited program?  Yes  No
4. Are you able to complete the required full-time 6-year VA employment obligation after graduation and required licensure/certification? This will require relocation at your expense if there is not a suitable VA position vacancy at a VA facility nearby.  Yes  No
5. Are you a citizen of the United States?  Yes  No
6. Are you delinquent on payment of a federal debt? This includes delinquent taxes, audit dis-allowances, guaranteed or direct student loans, Federal Housing Administration (FHA) or VA mortgages, and other miscellaneous administrative debts. Delinquent is defined as 31 days past due on a scheduled payment.  Yes  No
7. Do you currently owe a service obligation to any other entity to perform service after you complete the course of study for which this scholarship is being provided?  Yes  No

*If you answered "No" to any of questions 1-5 or answered "Yes" to questions 6, you are NOT eligible for this scholarship and should not submit an application.*

### SUMMARY OF THE COMPLETE APPLICATION PACKAGE

The following items constitute a complete application package.

It is your responsibility to ensure that your application package is complete, accurate, and submitted by the deadline date.

**Incomplete applications will not be reviewed.**

1. RCSSP Application (*VA Form 10-0491g*)
2. Academic Verification Form (*VA Form 10-0491*)
3. Evaluation & Recommendation Forms (*VA Form 10-0491e*)
  - 3a. From academic program where you will be or where you are currently - reach back to previous level of education if you have less than 15 credit hours in your current program of study (*Required*)
  - 3b. From a person (*preferably employer or supervisor*) who has known you for a minimum of two years (*Required*)
  - 3c. From your VA supervisor or equivalent person if the supervisor is no longer available (*Required for VA Employee*)
4. Academic Transcript(s) Supporting CGPA on Academic Verification (*Unofficial Accepted*) - MCATs (*Physician Applicants Only*)
5. Resumé or Curriculum Vitae  
(*Include prior education, professional licenses/registration/certifications and detailed descriptions of volunteer and work experiences especially that which is healthcare related. Resumés should not exceed 5 pages and must be at least 11 point font. Resumés that are longer in length or written in smaller font will not be reviewed.*)
6. Declaration for Federal Employment (*OF 306*)

# APPLICATION FOR READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM (RCSSP)

## SECTION I - SCHOLARSHIP PROGRAM INFORMATION

1. Scholarship Program <input type="checkbox"/> RCSSP	2. Length of Award <input type="checkbox"/> 2 years	3. Clinical Program <i>(Check one only)</i> : <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Mental Health Professional Counselor (MHPC) <input type="checkbox"/> Marriage and Family Therapist (MFT)
4. Degree sought via RCSSP <i>(Check one only)</i> <input type="checkbox"/> Master's for Social Worker, MHPC and MFT <input type="checkbox"/> Doctorate for Psychology <b>Major field of study</b> _____		

## SECTION II - APPLICANT INFORMATION

5a. Name <i>(Last, First, Middle)</i>		5b. Other Names Used <i>(For example: maiden name, nickname, etc.)</i>	
6. Present Address <i>(Include Street Address, City, State, and ZIP Code)</i>		7a. Primary Phone Number <i>(include area code)</i>	
		7b. Alternate Phone Number <i>(include area code)</i>	
8. Social Security Number	9a. Primary Email Address		9b. Alternate Email Address
10. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you a previous VA Scholarship recipient?    If yes, what was the name of the scholarship program? <input type="checkbox"/> Yes <input type="checkbox"/> No      _____ If yes, date you completed your service obligation (MM/DD/YYYY): _____		
Name, permanent address, and telephone number of person through whom you can be located <i>(e.g., parent, sibling, friend, etc.)</i> :			
12. Name <i>(Last, First, Middle)</i>		13. Relationship	
14. Address <i>(Include Street Address, City, State, and ZIP Code)</i>		15. Phone Number <i>(include area code)</i>	
		16. Email Address	
17. Highest degree obtained <input type="checkbox"/> Associate <input type="checkbox"/> Master's <i>(Check only highest completed)</i> <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other <i>(Specify)</i> _____ <b>Major field of study</b>			
18. Have you ever breached a previous VA scholarship program? Even if you received an approved waiver for the breach. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, explain in Section V.)</i>			
19. Have you served in the military including active duty and reserves? <input type="checkbox"/> Yes <i>(Provide information below)</i> <input type="checkbox"/> No			
From <i>(MM/DD/YYYY)</i>	To <i>(MM/DD/YYYY)</i>	Branch of Service/Military Occupation	Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other <i>(Explain in Section V)</i>
			<input type="checkbox"/> Honorable <input type="checkbox"/> Other <i>(Explain in Section V)</i>
			<input type="checkbox"/> Honorable <input type="checkbox"/> Other <i>(Explain in Section V)</i>
20. Were you ever convicted by a court-martial? <i>(If so, describe in Section V.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
21a. Are you a current or previous Department of Veterans Affairs employee? <input type="checkbox"/> No <input type="checkbox"/> Current <input type="checkbox"/> Previous			
21b. If VA employed, Start Date of last VA employment <i>(MM/DD/YYYY)</i> :	21c. End Date of last VA employment <i>(MM/DD/YYYY)</i> :	21d. Location	
21e. Occupational Series Code	21f. Job Title		
21g. Are you currently receiving Vocational Rehabilitation or GI Bill Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		21h. What date will these benefits be exhausted? <i>(MM/DD/YYYY)</i> :	

## APPLICATION FOR RCSSP *(continued)*

Applicant Name:	SSN:
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22. Have you ever been employed in a healthcare occupation? <i>(If not described in Resumé, describe in Section V.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Described in Resumé
	<input type="checkbox"/> No	<input type="checkbox"/> Described in Section V

### SECTION III - EDUCATION PROGRAM INFORMATION

23. Name of college or university where you are enrolled/accepted. <i>(Do Not Abbreviate)</i>
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24. Name of college/department/school	25. Phone Number <i>(include area code)</i>
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26. Address <i>(Include Street Address, City, State, and ZIP Code)</i>	27a. Academic Advisor
	27b. Advisor's Phone Number
	27c. Advisor's Email

28. Type Program
<input type="checkbox"/> a. Traditional <i>(On campus)</i> programs consisting of curricula offered in a campus setting.
<input type="checkbox"/> b. Non-Traditional <i>(Off campus)</i> programs consisting of curricula in off-campus settings <i>(e.g., distance learning via the internet)</i> .
<input type="checkbox"/> c. Mixed Traditional and Non-Traditional

29. Start date of academic program that will be supported by the scholarship program <i>(MM/DD/YYYY)</i> :	30. End date of academic program that will be supported by the scholarship program <i>(MM/DD/YYYY)</i> :
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### SECTION IV - ADDITIONAL APPLICANT INFORMATION

32. Awards <i>(academic/performance)</i> :
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33. Professional Activities:
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**APPLICATION FOR RCSSP (continued)**

Applicant Name:

SSN:

34. Organizational Membership(s)/Office(s) Held:

**Please respond to the questions 35A-D within the space provided. (Use only 10pt or 12pt font) (250 word limit per section)**

35a. Why do you want to participate in the scholarship program for which you are applying? (250 word limit)

35b. What are your short-range (*less than five years*) and long-range (*between five and ten years*) career goals? (250 word limit)

## APPLICATION FOR RCSSP *(continued)*

Applicant Name:

SSN:

35c. How will your personal characteristics, experiences and career goals help meet the health needs of Veterans? *(250 word limit)*

36. Have any of the following ever been, or are they in the process of being -- either on a voluntary or involuntary basis -- denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons? *(Each "yes" response requires a complete explanation in Section V.)*

- a. Professional Registration/License in any State?  Yes  No
- b. Participation in Medicare/Medicaid Program, or been convicted of and or investigated for making and or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of, or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?  Yes  No
- c. Clinical Privileges?  Yes  No
- d. Federal Drug Enforcement Agency Registration?  Yes  No
- e. Certification?  Yes  No

37. Have you ever been involved in administrative, or judicial proceedings in which professional malpractice on your part has been alleged? *(If yes, please explain in Section V.)*  Yes  No

38. Within the last 5 years, have you been discharged from any position for any reason? *(If yes, please explain in Section V.)*  Yes  No

39. Within the last 5 years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised? *(If yes, please explain in Section V.)*  Yes  No

40. Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? *(A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.) (If yes, please explain in Section V.)*  Yes  No

41. Are you delinquent on the repayment of any Federal debt(s)? If yes, please explain in the Section V. *(Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent.)*  Yes  No

42. Scholarship Program Requirements: *(All Initials must be hand written)*

- a. 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. \_\_\_\_\_ Initial
- b. I am aware of the penalties as described in the scholarship 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. \_\_\_\_\_ Initial

**APPLICATION FOR RCSSP (continued)**

Applicant Name:

SSN:

**SECTION V - SUPPLEMENTAL INFORMATION**

43. Enter explanations to prior questions and supplemental information. *(Be sure to indicate the corresponding question number on the form to which the comment refers.)*

**APPLICATION FOR RCSSP (continued)**

Applicant Name:

SSN:

**CONSENT & AUTHORIZATION TO RELEASE FAFSA/FERPA PROTECTED INFORMATION**

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 Readjustment Counseling Service Scholarship Program (RCSSP) the Department of Veterans Affairs (VA) requires information to be released by your school to VA representatives. This form authorizes (School Name)

\_\_\_\_\_ to release this information to VA representatives.

**CONSENT & AUTHORIZATION TO RELEASE INFORMATION**

For the purpose of administering the RCSSP of the Department of Veterans Affairs (VA). I hereby consent and authorize (School Name)

\_\_\_\_\_ in which I am, or will be enrolled, to provide VA representatives information regarding my student account and education information. This authorization includes information on bills, statements, charges, credits, balances, payments, past due amounts, collection activity, grades, courses, credits, GPA, registration, student ID number, academic progress, enrollment status, attendance, communications with school representatives deemed relevant for the administration of my scholarship, and any other information necessary to determine my status.

This consent to release information is valid for any information supplied during my application for the RCSSP while participating in the program, and should any liability arise from program participation and become recoverable by the United States. My signature below is my explicit written consent and authorization for the disclosure of the above information by (School Name) \_\_\_\_\_

to the staff, directors, associates, agents, and representatives of VA upon their request.

Further, I agree to release, indemnify, and hold the above named school, its employees, officers, and agents, from all liability for damages which may result from compliance, or any attempts to comply, with this authorization. I understand and agree that this authorization will remain in effect until I notify (School Name) \_\_\_\_\_ and the VA in writing to revoke my consent and authorization.

Applicant's Name (Print)

Applicant's Signature

Date (MM/DD/YYYY)

**THE PAPERWORK REDUCTION ACT OF 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Therefore, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 60 minutes. This includes the time it will take to follow instructions, gather the necessary facts, and fill out the form.

**PRIVACY ACT NOTICE:** The VA is asking you to provide the information on this form under the authority of 38 CFR, sections 17.545 through 17.553 (RCSSP) 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.

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.

**SECTION VI - AUTHENTICATION**

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's Name (Print)

Applicant's Signature

Date (MM/DD/YYYY)

Submit completed application to:  
**Readjustment Counseling Service Scholarship Program**  
Department of Veterans Affairs  
Readjustment Counseling Service (10RCS)  
810 Vermont Ave., NW, Washington, DC 20420