



## READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM (RCSSP) ACADEMIC VERIFICATION

1. Applicant must sign and date the "Consent for Release of Information."
2. This "Academic Verification" form is part of the application package and must be completed by the Dean/Program Director, or Administrative Chair of applicant's program.
3. The applicant is responsible for ensuring that all documents are returned to the scholarship program office by the due date.
4. Submit completed documents as required by the application announcement or as a last option to:  
 Readjustment Counseling Service Scholarship Program (RCSSP)  
 Department of Veterans Affairs  
 Readjustment Counseling Service (10RCS)  
 810 Vermont Ave., NW • Washington, DC 20420

### CONSENT FOR RELEASE OF INFORMATION

CONSENT: I authorize the educational institution in which I am, or will be, enrolled to release to VA information regarding my enrollment status and academic standing, including grade point average, both now and while I am participating in the VA Readjustment Counseling Service Scholarship Program (RCSSP) as well as the plan of study and projected costs. I understand that this authorization is voluntary, and that I may revoke this consent at any time. However, I further understand that if I voluntarily revoke this authorization after the award of the scholarship, my scholarship award may be terminated and I may be liable for the damages in accordance with provisions of 38 U.S.C. sections 17.545 -17.553.

Applicant's Signature \_\_\_\_\_

Date Signed (MM/DD/YYYY) \_\_\_\_\_

### INFORMATION FROM APPLICANT

<input type="checkbox"/> RCSSP	1. Name (Last, First, MI): _____	2. SSN: _____
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3. Name of college or university where applicant is enrolled/accepted (**Do Not Abbreviate**): \_\_\_\_\_

4. Degree sought with this scholarship (*Check one only*):     Master's     Doctorate

5. Clinical Program (*Check one only*):     Psychology     Social Work     MHPC     MNFT

6. Please list the specific degree and specialty: \_\_\_\_\_

### ACCREDITATION OF ACADEMIC PROGRAM

7. Name of the organization that accredited your academic program: _____	Accreditation expiration date (MM/DD/YYYY): _____
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***If program is not accredited, the applicant is not eligible for the scholarship program and this form does not need to be completed. Representative from the program should explain the lack of accreditation to the applicant.***

### ADMISSION, ENROLLMENT AND PROGRAM COMPLETION INFORMATION

8. Applicant enrollment status ( <i>check one</i> ). <b><i>To be eligible for the scholarship award, the student must be unconditionally admitted to the program and degree level by the time the awards are granted. Therefore, it is critical that an "Addendum to Application" form is submitted by the school if the admission status changes.</i></b>	<input type="checkbox"/> Unconditionally admitted <input type="checkbox"/> Conditional/Pending admission ( <i>Please explain, including anticipated date of meeting requirements for unconditional admission</i> ) <input type="checkbox"/> Probational admission ( <i>Please explain</i> )
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8a. Explanation: \_\_\_\_\_

9. What is full-time enrollment at your university/college? \_\_\_\_\_ Credit Hours per     Semester     Quarter

10. Will the applicant be attending full-time or part-time? (RCSSP)     Full-time     Part-time

11. Date the applicant started or will start the program under this scholarship program (MM/DD/YYYY): _____	12. Date that classes begin for the upcoming fall semester/quarter (MM/DD/YYYY): _____
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13. Expected date that academic requirement(s), including all clinical rotations and/or projects will be completed (MM/DD/YYYY): \_\_\_\_\_

14. Expected date degree will be conferred (MM/DD/YYYY): \_\_\_\_\_

## RCSSP ACADEMIC VERIFICATION *(continued)*

Applicant Name:

SSN:

### CUMULATIVE GRADE POINT AVERAGE (CGPA)

**For Graduate Students**

Undergraduate Cumulative Grade Point Average (CGPA) need not be identified if the student has completed 15 or more graduate hours and is pursuing a graduate degree. If the student has not achieved 15 hours of graduate credit, identify CGPA and credit hours for all undergraduate hours and if applicable, CGPA on credit hours for all graduate academic courses completed. For institutions that do not use numerical grades, check the N/A box and indicate whether or not the student is in Good Standing (according to standards set by the school).

**For Undergraduate Students**

CGPA must be computed on all post-secondary academic courses taken within past 10 years. It should not be computed only on academic courses accepted as satisfying the requirements of the degree for which the applicant is requesting a scholarship. If the applicant completed academic courses more than 10 years ago, CGPA should be computed on all courses used for admission to the program for which the scholarship is being requested.

15.  Undergraduate CGPA \_\_\_\_\_ based on \_\_\_\_\_ credit hours  Semester  Quarter  N/A

*Is Student in Good Academic Standing? Graduate Students Only*

16.  Graduate CGPA \_\_\_\_\_ based on \_\_\_\_\_ credit hours  Semester  Quarter  N/A

Yes  No

**\*\*If there is a change in the CGPA status after submission of this document, forward the ADDENDUM to the Scholarship Program immediately.**

### PLAN OF STUDY AND PROJECTED COSTS

17. For each term please list: • Course number and title • Credit hours for each course *(\*Do not include books, supplies, equipment, room/board, or meal plans)*  
 • Total credit hours for the term • Projected tuition cost

Allowable Fees: • Required fees for approved curriculum such as laboratory expenses • Matriculation fees  
 • Malpractice insurance *(if required for all students in the same academic program)* • Graduation fees  
 • Library fees

**Note:** See Invoicing Guidance for a consolidated list of Allowable Fees

Non-Allowable Fees: • Books • Travel costs for clinical rotations  
 • Health/medical/dental/vision/life insurance • Parking fees  
 • Computers and software • Membership dues for student societies, associations and similar expenses  
 • Study abroad fees • Licensure/Certification Courses/Reviews *(Annual lump-sum "Other Related Costs" payments may be used to pay for these items.)*  
 • Late charges

**Note:** See Invoicing Guidance for a consolidated list of Non-Allowable Fees

Notes: • Tuition and fees will not be paid for courses that are being repeated.  
 • Specifically identify fees and whether required or optional.

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number	Course Title	Credit Hrs	Tuition
<b>Total CH</b>			
<b>Total Tuition</b>			

List allowable fees for this term or that start during this term if they continue into the next term.

Fees	Cost
<b>Total Fees</b>	

<b>Total Projected Cost for Semester</b>

## RCSSP ACADEMIC VERIFICATION *(continued)*

Applicant Name:

SSN:

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

## RCSSP ACADEMIC VERIFICATION *(continued)*

Applicant Name:

SSN:

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

## RCSSP ACADEMIC VERIFICATION *(continued)*

Applicant Name:

SSN:

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

**SEMESTER/QUARTER**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Course Number

Course Title

Credit Hrs

Tuition


**Total CH**

**Total Tuition**

List allowable fees for this term or that start during this term if they continue into the next term.

Fees

Cost


**Total Fees**

<b>Total Projected Cost for Semester</b>

**RCSSP ACADEMIC VERIFICATION (continued)**

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

<b>SEMESTER/QUARTER</b>	Start Date (MM/DD/YYYY): _____	End Date (MM/DD/YYYY): _____
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Course Number	Course Title	Credit Hrs	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total CH</b>			<b>Total Tuition</b>

List allowable fees for this term or that start during this term if they continue into the next term.

Fees	Cost		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
<b>Total Fees</b>			<b>Total Projected Cost for Semester</b>

<b>SEMESTER/QUARTER</b>	Start Date (MM/DD/YYYY): _____	End Date (MM/DD/YYYY): _____
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Course Number	Course Title	Credit Hrs	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total CH</b>			<b>Total Tuition</b>

List allowable fees for this term or that start during this term if they continue into the next term.

Fees	Cost		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
<b>Total Fees</b>			<b>Total Projected Cost for Semester</b>

**Please enclose a copy of the school's academic program curriculum.**

**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.

**CERTIFICATION**

I understand it is my responsibility to notify the scholarship program if there are any changes in CGPA, admission status, enrollment status, plan of study, projected costs, or program accreditation. I certify the accuracy of all information stated on this Form.

Name (Print) _____	Signature ( <i>Dean/Program Director/Administrative Chair of Program</i> ) _____	Date (MM/DD/YYYY) _____
Title _____	Phone Number (include area code) _____	E-mail Address _____

*(Forward the ADDENDUM to the Scholarship Program immediately. Inaccurate data may cause both the school and the student to lose funding.)*