



APPLICATION

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)

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? Yes No
The academic program must be located in the United States.
2. Do you have a cumulative grade point average of 3.0 or above if some coursework is already completed? Yes No
3. **FOR HPSP & VHVMAESP ONLY.** Are you available to complete a clinical tour in an assignment or location determined by VA while enrolled in the course of education for which the scholarship is provided? This may require temporary relocation at your expense if there is not a VA facility near your educational program or if your education program does not have an affiliation agreement with the nearby VA facility. Check with your advisor before answering this question. Yes No
 N/A for VIOMPSP
4. Are you able to complete the required full-time VA employment obligation after graduation and required licensure/certification? 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. 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
8. **FOR VHVMAESP ONLY.** Are you seeking scholarship support for medical school in the Pediatrics specialty? Yes No

If you answered "No" to any of questions 1-5 or answered "Yes" to questions 6 or 8, you are NOT eligible for this scholarship program and you 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. HPSP_VIOMPSP_VHVMAESP 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 enrolled (*Required*)
 - 3b. From a person 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 if you were employed by Department of Veterans Affairs in the last three years*)
4. Academic Transcript (*Unofficial transcript acceptable*) - 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)

SECTION I - Scholarship Program Information

| | | |
|--|---|-------------------------------------|
| 1. Scholarship Program <input type="checkbox"/> HPSP <input type="checkbox"/> VIOMPSP <input type="checkbox"/> VHVMAESP | 2. Length of Award <input type="checkbox"/> 1 year <input type="checkbox"/> 2 or more years | 3. Clinical Program: |
| 4. Degree sought via HPSP/VIOMPSP/VHVMAESP (Check one only) <input type="checkbox"/> Associate (HPSP only) <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate Major field of study _____ | | |

SECTION II - Applicant Information

| | | | |
|---|---|--|--|
| 5a. Name (Last, First, Middle) | | 5b. Other Names Used (For example: maiden name, nickname, etc.) | |
| 6. Present Address (Include Street Address, City, State, and ZIP Code) | | 7a. Primary Phone Number (include area code) | |
| 8. Social Security Number | | 7b. Alternate Phone Number (include area code) | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was the name of the scholarship program? _____ | If yes, date you completed your service obligation: _____ | |
| Name, permanent address, and telephone number of person through whom you can be located (e.g., parent, sibling, friend, etc...): | | | |
| 12. Name (Last, First, Middle) | | 13. Relationship | |
| 14. Address (Include Street Address, City, State, and ZIP Code) | | 15. Phone Number (include area code) | |
| 17. Highest degree obtained (Check only highest completed) <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate Major field of Study _____ | | 16. Email Address | |
| 18. Have you ever breached a previous VA scholarship program? Even if you received an approved waiver for the breach. (If Yes, explain in Section V.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 19. Have you served in the military including active duty and reserves? <input type="checkbox"/> Yes (Provide information below) <input type="checkbox"/> No | | | |
| From | To | Branch of Service/Military Occupation | Type of Discharge |
| | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Explain in Section V) |
| | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Explain in Section V) |
| | | | <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Explain in Section V) |

Application for HPSP/VIOMPSP/VHVMAESP (continued)

20. Were you ever convicted by a court-martial? (If so, describe in Section V.) Yes No

21a. Are you a current or previous Department of Veterans Affairs employee? No Current Previous

21b. If VA employed, Start Date of last VA employment _____ 21c. End Date of last VA employment _____

21d. Location _____ 21e. Occupational Series Code _____ 21f. Job Title _____

21g. Are you currently receiving Vocational Rehabilitation or GI Bill Benefits? (Yes or No) _____ 21h. What date will these benefits be exhausted? _____

22. Have you ever been employed in a healthcare occupation? (If not described in Resumé, describe in Section V.) Yes Described in Resumé
 No Described in Section V

SECTION III - Education Program Information

23. Name of college or university where you are enrolled/accepted. (Do Not Abbreviate)

24. Name of college/department/school _____ 25. Phone Number (include area code) _____

26. Address (Include Street Address, City, State, and ZIP Code) _____
 27a. Academic Advisor _____
 27b. Advisor's Phone Number _____
 27c. Advisor's Email _____

28. Type Program a. Traditional (On campus) programs consisting of curricula offered in a campus setting. b. Non-Traditional (Off campus) programs consisting of curricula in off-campus settings (e.g., distance learning via the internet). c. Mixed Traditional and Non-Traditional

29. Start date of academic program that will be supported by the scholarship program _____ 30. End date of academic program that will be supported by the scholarship program _____

31. **NOTE:** The HPSP requires that scholarship participants be willing to perform clinical tours in assignments or locations determined by VA while enrolled in the course of education for which the scholarship is provided. This may require temporary relocation at your expense if there is not a VA facility near your educational program, or if your education program does not have an affiliation agreement with the VA facility nearest you. Check with your advisor before answering this question. The VIOMPSP does not require clinical tours.
 Are you willing and able to meet this scholarship program requirement? Yes No

SECTION IV - Additional Applicant Information

32. Awards (academic/performance):

33. Professional Activities:

Application for HPSP/VIOMPSP/VHVMAESP (continued)

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)

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

35d. (Med School Students Only) If you are applying for a medical school scholarship, what specialties are you considering and why? (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

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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. **FOR HPSP ONLY.** I am aware of the requirement to be available for a clinical tour in an assignment or location determined by VA while enrolled in the course of education for which the scholarship is provided. This may require relocation at my expense if there is not a suitable VA facility near my educational program or if my education program does not have an affiliation agreement with the nearby VA facility. _____ Intial
- 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. _____ Intial
- c. 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. _____ Intial
- d. **FOR VHVMAESP ONLY.** I am aware that I will have two VA clinical rotations paid for as part of my acceptance into the VHVMAESP and that I am exempt from expenses for VA rotations.. _____ Intial
- e. **FOR VHVMAESP ONLY.** I acknowledge that I separated from military service within 10-years of the issuance of this application and that I'm required to provide and DD Form 214 to validate this information. _____ Intial

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 HPSP/VIOMPSP/VHVMAESP (continued)

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 Health Professional Scholarship Program (HPSP), the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP), and the Veterans Helping Veterans Medical Access and Education Scholarship Program (VHVMAESP) 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 HPSP, VIOMPSP, and VHVMAESP 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 HPSP, VIOMPSP, and VHVMAESP 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 (*All Signatures must be hand signed*) _____ Date _____

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 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.

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 (*All Signatures must be hand signed*) _____ Date _____

Submit completed application to:
HPSP/VIOMPSP/VHVMAESP
Department of Veterans Affairs
1250 Poydras Street, Suite 1000
New Orleans, LA 70113