OMB Number: 2900-0793
Estimated Burden: 60 minutes

Department of Veterans Affairs

Health Professional Scholarship Program (HPSP) &
Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP)

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 to:

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

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 Health Professional Scholarship Program/Visual Impairment and Orientation and Mobility Professionals Scholarship Program 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 7505 and 7617.

Applicant's Signature _____ Date Signed _____

Information from Applicant

☐ HPSP ☐ VIOMPSP

1. Name *(Last, First, MI):*

2. SSN:

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

4. Degree sought with this scholarship *(Check one only)(VIOMPSP must be Baccalaureate or higher):*

☐ Associate ☐ Baccalaureate ☐ Master's ☐ Doctorate ☐ Other (Specify) _____

5. Clinical Program:

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:

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 *(check one).*
To be eligible for the scholarship award, the student must be <u>unconditionally admitted</u> 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.

☐ Unconditionally admitted
☐ Conditional/Pending admission *(Please explain, including anticipated date of meeting requirements for unconditional admission)*
☐ Probational admission *(Please explain)*

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? *(HPSP must be full-time)* ☐ Full-time ☐ Part-time

11. Date the applicant started or will start your program under this scholarship program: _____

12. Date that classes begin for the upcoming fall semester/quarter: _____

13. Expected date that academic requirement(s), including all clinical rotations and/or projects will be completed: _____

14. Expected date degree will be conferred: _____

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 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

16. ☐ Graduate CGPA _____ based on _____ credit hours ☐ Semester ☐ Quarter

*****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
- Total credit hours for the term
- Projected tuition cost

*(*Do not include books, supplies and equipment.)*

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

Non-allowable Fees:
- Books
- Computers and software
- Late charges
- Parking fees
- Health/medical/dental/vision/life insurance
- Study abroad fees
- Travel costs for clinical rotations
- Membership dues for student societies, associations and similar expenses
- Licensure/Certification Courses/Reviews

(Annual lump-sum "Other Related Costs" payments may be used to pay for these items.)

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 _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Fees	Cost

Total CH _____ **Total Tuition** _____

Total Fees _____

Total Projected Cost for Semester _____

HPSP/VIOMPSP Academic Verification (continued) Applicant Name: _____

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

HPSP/VIOMPSP Academic Verification (continued) Applicant Name: _____

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

HPSP/VIOMPSP Academic Verification (continued) Applicant Name: _____

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

Semester/Quarter Start Date _____ End Date _____

Course Number	Course Title	Credit Hrs	Tuition

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

Total CH **Total Tuition**

Fees	Cost

Total Fees

Total Projected Cost for Semester

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

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 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 ***(Dean/Program Director/Administrative Chair of Program)*** _____ Date _____

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.)