Health Professional Scholarship Program (HPSP), Visual Impairment and Orientation and Mobility

Department of Veterans Affairs			, & Veterans Healing	it and Orientation and Mobility g Veterans Medical Access and ESP)
	Academic	e Verification		
	application package documents are return application announc IOMPSP/VHVMAE	and must be completed by ned to the scholarship program	am office by the du s Affairs	
С	onsent for Rel	ease of Information		
CONSENT: I authorize the educational institution ir academic standing, including grade point average, b Impairment and Orientation and Mobility Professior Program as well as the plan of study and projected c time. However, I further understand that if I volunta terminated and I may be liable for the damages in ac VHVMAESP).	oth now and while I hals Scholarship Pro- osts. I understand the urily revoke this auth	am participating in the VA gram/Veterans Healing Vete hat this authorization is volu norization after the award of	Health Professional erans Medical Acce ntary, and that I ma the scholarship, m	I Scholarship Program/Visual ess and Education Scholarship ay revoke this consent at any y scholarship award may be
Applicant's Signature (Pen and Ink)			Date S	Signed
	Information	from Applicant		
HPSP VIOMPSP VHVMAESP 1.	Name (Last, First, MI	Ŋ:		2. SSN:
3. Name of college or university where applicant is en	arolled/accepted (Do	Not Abbreviate):		
4. Degree sought with this scholarship (Check one only, Associate Baccalaureate Master's	(VIOMPSP must be B	accalaureate or higher):		
5. Clinical Program:		6. Please list the specific d	egree and specialty	:
Α	ccreditation of	Academic Program	1	
7. Name of the organization that accredited your acad	emic program:		Accre	ditation expiration date:
If program is not accredited, the applicant Representative from th		e scholarship program and xplain the lack of accredita		
	rollment and F	Program Completion	n Information	
8. Applicant enrollment status (check one). To be eligible for the scholarship award, the stude <u>unconditionally admitted</u> to the program and dega time the awards are granted. Therefore, it is criti. "Addendum to Application" form is submitted by admission status changes.	ree level by the cal that an	 Unconditionally admit Conditional/Pending a meeting requirements for Probational admission 	dmission (Please exp unconditional admiss	plain, including anticipated date of sion)
8a. Explanation:				
9. What is full-time enrollment at your university/col	lege?	Credit Hours per	Semester	Quarter
10. Will the applicant be attending full-time or part-ti	me? (HPSP & VHV	MAESP must be full-time)	Full-	-time Part-time
11. Date the applicant started or will start the program under this scholarship program:		12. Date that classes beg upcoming fall semest	er/quarter:	
13. Expected date that academic requirement(s), inclu	ding all clinical rota	tions and/or projects will be	completed:	
14. Expected date degree will be conferred:				

	HPSP	/VIOMPSP/VHV	MAESP Acade	emic Verification	(continued)	Applicat	nt Name:			_
				Cumulative	Grade Po	int Average	(CGPA)			
	Un pur hou che U nder CG cou If t	suing a graduate d urs and if applicabl eck the N/A box an graduate Student PA must be compurses accepted as sa	egree. If the stu le, CGPA on cre id indicate whet is uted on all post- atisfying the rec leted academic	ident has not achie edit hours for all gr her or not the stud secondary academ uirements of the d courses more than	eved 15 hours of raduate academ ent is in Good nic courses take legree for whic	of graduate credit, nic courses compl Standing (accord en within past 10 h the applicant is	student has complete identify CGPA and eted. For institutions ing to standards set b years. It should not requesting a scholar computed on all cou	credit ho s that do r by the sch be compu- ship.	ours for a not use r nool). uted onl	all undergraduate numerical grades, y on academic
15.		Undergraduate C	CGPA	based on	credit hours	Semester	Quarter N	J/A		dent in Good Academic g? Graduate Students Only
16.		Graduate CGPA		based on	credit hours	Semester	Quarter N	J/A	Ye	es 🗌 No
		**If there is a	a change in the CG	PA status after submiss	ion of this docume	nt, forward the ADDI	ENDUM to the Scholarsh	ip Program	immedia	tely.
				Plan of	Study and	Projected C	Costs			
17. F	or eac	h term please list: Allowable Fees:	- Credit hour - Required for fees; - Malpr		- Projected t urriculum such if required for a	as laboratory exp	room/board, penses; - Matriculatio	or meal p on fees; -	olans) Gradua	<i>lies, equipment,</i> tion fees; - Library Invoicing Guidance
	Nor	n-Allowable Fees: Notes:	- Travel cost expenses; - I <i>pay for these</i> - Tuition and	s for clinical rotati Licensure/Certifica	ons; - Parking tion Courses/F <i>Invoicing Gui</i> aid for courses	fees; - Membersh eviews (Annual l dance for a conso that are being rep	lidated list of Non-A	societies, lated Cos	associat ts" payı	
S	emes	ter/Quarter	Start Date			End Date				
Cou	rse Nu	mber	Course Title					Credi	t Hrs	Tuition
List Fees		ble fees for this ter	rm or that start o	luring this term if	-	nto the next term Cost		Tota	ІСН	Total Tuition
							- Total Fees 	_		Projected Cost r Semester
VA F FEB 2	ORM 020	10-0491								PAGE 2 of 6

HPSP/VIOMPSP/VH	VMAESP Academic Verification	(continued) Applicant Name:		
Semester/Quarter	Start Date	End Date		
ourse Number	Course Title		Credit Hrs	Tuition
	erm or that start during this term if t		Total CH	Total Tuition
ees		Cost	Total	
			fo	Projected Cost r Semester
Semester/Quarter	Start Date	End Date		
ourse Number	Course Title		Credit Hrs	Tuition
st allowable fees for this t	erm or that start during this term if t	hey continue into the next term. Cost	Total CH	Total Tuitio
				Projected Cost r Semester

HPSP/VIOMPSP/VH	VMAESP Academic Verification (continued)	Applicant Name:		_
Semester/Quarter	Start Date	End Date		
Course Number	Course Title		Credit Hrs	Tuition
List allowable fees for this t		into the next term.	Total CH	Total Tuition
Fees		Cost		
			Total fo	Projected Cost r Semester
		Total Fees		

Start Date	End Date		
Course Title		Credit Hrs	Tuition
rm or that start during this term i	if they continue into the next term	Total CH	Total Tuition
	Cost		
		Total	Projected Cost or Semester
	T	otal Fees	
	Course Title	Course Title	Course Title Credit Hrs Course Title Credit Hrs Credit

HPSP/VIOMPSP/VH	VMAESP Academic Verification (continued)	Applicant Name:		_
Semester/Quarter	Start Date	End Date		
Course Number	Course Title		Credit Hrs	Tuition
List allowable fees for this t		into the next term.	Total CH	Total Tuition
Fees		Cost		
			Total fo	Projected Cost r Semester
		Total Fees		

Start Date	End Date		
Course Title		Credit Hrs	Tuition
rm or that start during this term i	if they continue into the next term	Total CH	Total Tuition
	Cost		
		Total	Projected Cost or Semester
	T	otal Fees	
	Course Title	Course Title	Course Title Credit Hrs Course Title Credit Hrs Credit

HPSP/VIOMPSP/VH	VMAESP Academic Verification (con	ntinued) Applicant	Name:		
Semester/Quarter	Start Date	End Date			
Course Number	Course Title			Credit Hrs	Tuition
List allowable fees for this Fees	term or that start during this term if the	y continue into the next term. Cost		Total CH	Total Tuition
			Total Fees		l Projected Cost for Semester
Semester/Quarter	Start Date	End Date			
	Course Title			Credit Hrs	Tuition
Fees		Cost	Total Fees		l Projected Cost for Semester
	Please enclose a copy of	the school's academic progra	m curriculum.		
VA to determine the applicant' "routine use" disclosure of the litigation in which the United S to participate; and personnel ac scholarship. If you give VA a applicant's scholarship, if awar I understand it is my respor	PH de the information on this form under the aut s eligibility to receive a scholarship award. V information for: civil or criminal law enforce states is a party or has interest; the administr- liministration. You do not have to provide th social security number, VA will use it to obt ded. It also may be used for other purposes	VA may disclose the information th ement; congressional communication ation of VA training and scholarshi is information to VA but, if you do an information relevant to determine authorized or required by law. Certification im if there are any changes in C	at you put on the fo ons; the collection o ip programs, includi o not, VA may be un ining whether to gra	rm as permitted b f money owed to ng verification of lable to process th nt a scholarship, a status, enrollme	y law. VA may make a the United States; 'the applicant's eligibility the applicant's request for a and to administer the
P Name (Print)		Dean/Program Director/Admin			Date
Title	Phone Num		ail Address		