



EMPLOYEE INCENTIVE SCHOLARSHIP PROGRAM (EISP) APPLICATION

For Employees Enrolled in or Formally Accepted to an Education or Training Program

DIRECTIONS: Carefully read these directions before completing the application.

1. This application is to be used only by Department of Veterans Affairs (VA) employees who are already enrolled in or who have been accepted to accredited programs to receive education or training in health care occupations for which recruitment or retention is difficult.
2. To be considered for the EISP, applicants will complete Sections 1, 2 and 3 of the application, and forward it to the EISP Program Coordinator.
3. After reviewing and validating the information, the EISP Program Coordinator will forward the application to the Selection Committee.
4. The Selection Committee will use this information for initial applicant screening and the facility Director or designee will sign each approved application in Section 3.
5. A copy of the authenticated application and the original agreement, signed by the student will be forwarded to HRRO for final acceptance and signature. Once the Director, HRRO executes the agreement, it will be returned to the local EISP Program Coordinator. The Program Coordinator will ensure that a copy of the agreement is provided to the scholarship recipient, the original is placed in the Official Personnel Folder and that copies are placed in appropriate local files. **NOTE:** *Any questions, may be referred to HRRO at (504) 565-4900*

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7671-7675 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 an 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 will 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.



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NOTE: Print or type all entries in Sections 1 and 2.

Section 1 - General Identification Information and Educational History.

Is this a previous participant? YES NO

1. Facility Name / Location	2. Facility Number
<input type="text"/>	<input type="text"/>

3. Last Name	4. First Name	5. Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Social Security Number	7. Home Phone (include area code)	8. Work Phone (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. VA Employment Status (Check one only)	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	10. Occupational Series Code CODES	Title Code	Assignment Code
		<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Current Job Title

12. Current Grade

13. Name of Rating Official	14. Official's Work Phone (include area code)
<input type="text"/>	<input type="text"/>

15. Highest Degree Obtained
(Check only highest completed) Associate Baccalaureate Master's Other (Specify)

16. Total Number of Semester Hours Accumulated to Date:
(Note: to convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)

Section 2 - Employee Incentive Scholarship Program Enrollment Information.

17. Degree Sought via the EISP
(Check one only) Associate Baccalaureate Master's Other (Specify)

18. Program Start Date (MM/DD/YYYY)	19. Estimated Program Completion Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

20. Type Program A. Traditional programs consisting of curricula offered in a campus setting.
 B. Non-Traditional programs consisting of curricula offered in off-campus settings (e.g., distance learning via the Internet).

(Check one only)

21. Program Description

22. Name, Address, City, State and Zip Code of Educational Institution(s) where accepted or enrolled.
Attach a copy of your Letter of Acceptance, or a copy of an official transcript.

22a. Educational Institution Name	22b. Address (City, State, Zip)
<input type="text"/>	<input type="text"/>

23. Complete the following if you are enrolled in or have been accepted to an education program that is supported by your VISN

23a. VISN/STN Number	23b. Course Name (or other Identification)	23c. Start Date (MM/DD/YYYY)	23d. End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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24. Total Number of Semester Hours Required to Complete Program.
(Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)

25. Attendance Schedule (Check one only)

- Full-Time 1/2 time Other (Specify)
 3/4 time 1/3 time
 2/3 time 1/4 time

26. Estimated Total Program Tuition Costs by Type of Educational Institution

Type of Educational Institution	26b - Estimated Tuition Costs	26c - Total Semester Hours Required
Traditional		
Non-Traditional		
TOTAL OF COLUMNS 26b AND 26c		

27. Estimated Total Other Reimbursable Program Costs.

=(Total all non-tuition allowable expenses)

28. Estimated Total Program Costs

=(Total of 26b plus Item 27 Total)

29. Average Cost per Semester Hour

=(Total in Item 28 divided by total 26c)

30. Estimated Program Fiscal Year (FY) Contracted Educational Costs (Note: FY total includes all tuition and other allowable expenses)

Type of Educational Institution	FY	FY	FY	FY	FY	FY
Traditional						
Non-Traditional						
FY COLUMN TOTALS:						

31. Estimated Total Program Costs

(Note: Total must equal Item 28, Total Program Costs)

=(sum of all Item 30 FY Column Totals)

32. Do you have a Mentor?

(If No, go to Item 33)

- YES NO

32a. Name of Mentor

32b. Title of Mentor

33. Working Condition Flexibility

33a. Will special working condition arrangements be required to support your EISP attendance requirements? YES NO

33b. If the answer to 33a is Yes, briefly describe the arrangements required.

33c. If arrangements are required, have they been implemented yet? (Check one only) YES NO

SECTION 3 - AUTHENTICATION (When completed, forward copy to HRRO.)

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 Employee Incentive Scholarship Program. 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 will be terminated and I will be liable for the damages in accordance with provisions of Section 7675, Title 38, United States Code.

ELIGIBILITY: I certify that I am currently, and have been continuously employed by the VA, for a period of not less than one year immediately preceding submission of this application.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Employee	Signature of Employee	Date

I hereby certify that I have reviewed this application and recommend the applicant named above for participation in the Employee Incentive Scholarship Program.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Director or designee	Signature of Director or designee	Date