

# APPLICATION FOR THE US ARMY HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

(For use of this form see USAREC Reg 601-37)

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 3012; 10 USC 4301; Executive Order 9397.

**PRINCIPAL PURPOSE:** Submission of information by applicant required in order to be considered in the selection process on a competitive basis for the Scholarship Program. Applicant acknowledges understanding of service requirements.

**ROUTINE USES:** US Army Health Professions Scholarship Program selection is on a competitive basis. Information evaluated by selection board for selection of individuals considered best qualified to enter program. Selectee's application for program is made a part of the files used in conjunction with student management while in the program.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. If not submitted, application is considered incomplete and will not be processed.

Application is submitted for purpose of attaining a degree in (*Check appropriate box*) :

- Medicine     Osteopathy     Dentistry     Optometry     Veterinary     Clinical/Counseling Psychology     Pharmacy  
 Anesthesia Nurse     Psychiatric Nurse     Family Nurse     Nurse Midwifery

If additional space is needed, continue under remarks, and identify by item number.

## SECTION I - PERSONAL DATA

1. NAME ( <i>Last, first, middle initial</i> ) :		2. DATE OF BIRTH ( <i>Month, day, year</i> ) :	
3. PLACE OF BIRTH ( <i>City, county, state, country</i> ) :	4a. US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	4b. NATURALIZATION: <input type="checkbox"/> Derived <input type="checkbox"/> Immigrant	
4c. DUAL CITIZEN ( <i>If yes, specify</i> ) ? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
5. PERMANENT MAILING ADDRESS AND TELEPHONE NUMBER ( <i>Include ZIP Code and Area Code</i> )( <i>Address through which you can always be contacted</i> ) :		6. PRESENT MAILING ADDRESS AND TELEPHONE NUMBER ( <i>Include ZIP Code and Area Code</i> ) : <i>Effective until</i> _____ ( <i>Date</i> )	
7. MAILING ADDRESS AND TELEPHONE NUMBER AFTER EFFECTIVE DATE IN ITEM 6 ( <i>Include ZIP Code and Area Code</i> ) :			

## SECTION II - EDUCATION (*List all institutions attended*)

### Previous Education, Undergraduate

Name of Institution a.	Location b.	Date Entered c.	Date Withdrawn or Graduated d.	Major Field e.	Type of Degree Received f.
8.					
9.					
10.					

### Previous Education, Graduate

11.					
12.					
13.					

14a. NAME AND ADDRESS OF PROFESSIONAL SCHOOL TO WHICH ACCEPTED OR IN WHICH ENROLLED ( <i>Include ZIP Code</i> ) :	14b. DATE OF ADMISSION:	14c. PROJECTED DATE OF GRADUATION:
	14d. DEGREE TO BE AWARDED:	

**SECTION III - EXTRACURRICULAR ACTIVITIES**

15. LEADERSHIP POSITIONS:

16. PROFESSIONAL SOCIETIES, ASSOCIATIONS, CLUBS, ETC.:

17. COMMUNITY ACTIVITIES:

18. ATHLETICS AND HONORS:

19. PUBLICATIONS WRITTEN *(If any) (DO NOT INCLUDE WITH APPLICATION)* :

**SECTION IV - HONORS RECEIVED DURING STUDIES**

High School a.	Undergraduate b.	Graduate c.
20.		
21.		
22.		
23.		

**SECTION V - PRESENT STATUS** *(Check all applicable blocks)*

24. CIVILIAN/MILITARY AFFILIATION: *(Required to be completed)*

a.  Civilian

b. Military

c. Military Component

Active Duty

ROTC Cadet:

RA

Inactive Duty

Scholarship

USAR

Reserve Unit

Nonscholarship

ARNG

Guard Unit

Branch \_\_\_\_\_  
*(Specify Army, Navy, AF, etc.)*

24d. CURRENT MILITARY GRADE OR RANK:

24e. CURRENT UNIT OR ORGANIZATION *(Include AR-PERSCOM Control Group, if applicable)* :

**SECTION VI - PRIOR MILITARY SERVICE** *(Attach all DD Forms 214)*

25. GRADE ON SEPARATION:

26. SERVICE:

Army

USMC

Navy

USCG

Air Force

USPHS

27. BRANCH *(Officers only)* :

28. UNIT OR ORGANIZATION:

29. PRIOR MILITARY ASSOCIATIONS *(ROTC, Scabbard and Blade, etc.)* :

30. ROTC SCHOLARSHIP *(All must be answered)* :

a. I have received an ARNG or GRFD-ARNG ROTC scholarship or nonscholarship.  Yes  No

b. I am currently fulfilling a reserve obligation because I received an ARNG ROTC scholarship or nonscholarship.  Yes  No

c. I am a GRFD-ROTC scholarship or nonscholarship cadet.  Yes  No

d. I am currently fulfilling a reserve obligation because I received a GRFD-ROTC scholarship or nonscholarship.  Yes  No

31. MILITARY SERVICE OBLIGATION *(Initial appropriate statement)* :

\_\_\_\_\_ I am not serving or have not incurred a military service obligation resulting from prior participation in the US Army Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of Health Sciences, Health Professions Loan Repayment Program, or Government-sponsored or nonsponsored Graduate Medical Education.

\_\_\_\_\_ I am serving, have incurred, or am incurring a military service obligation resulting from prior participation in the US Army Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of Health Sciences, Health Professions Loan Repayment Program, or Government-sponsored or nonsponsored Graduate Medical Education.

32. Motivation Statement *(Outline motivation for military service and reasons for applying. Statement must be contained in this section. Do not use a continuation page.)* :

**ACKNOWLEDGMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS**

33. I understand that the Department of the Army is under no obligation to accept me as a participant in this program. No one has given me any assurance that I will be one of those selected.

34. I understand that my participation in the US Army Health Professions Scholarship Program is contingent upon my selection, acceptance of a USAR appointment as a second lieutenant (if applicable), execution of the required service agreements and contracts, and enrollment in an approved professional school.

35. I understand that objection to participation in war or the bearing of arms, by reason of religious training and belief (conscientious objection), may be inconsistent with the military status and obligation which I will incur in the Program. By this application I declare that I am not a conscientious objector (or, I have attached a statement of my beliefs).

36. I understand that if I am qualifying for a degree in medicine, osteopathy, or clinical psychology, I am required to make appropriate application for the Army's First-Year Graduate Medical Education Program or Clinical Psychology Internship Program and if selected, participate in an active duty status. If I desire residency training, I will apply for the Army program and if selected, participate in such training.

37. If not selected for an Army Program, I understand that my entry on active duty may be delayed for the completion of a non-military First-Year Graduate Medical Education Program or Clinical Psychology Internship Program (internship) and/or residency training in a non-military hospital. I understand this depends on future Army requirements for specialists and selection by The Surgeon General.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*