

**VERIFICATION OF ACADEMIC AND CURRENT MILITARY SERVICE OBLIGATION FOR ENTRY INTO THE
US ARMY HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (HPSP)**

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

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 105, Title 10, United States Code.

PRINCIPAL PURPOSES: To determine the mailing address for notification to applicant of board results for the Army's Health Professions Scholarship Program. To provide data on undergraduate and professional schools to US Army Medical Command.

ROUTINE USES: Information is used for official written notification to applicant of selection board's determination and to establish authorization for receipt of scholarship entitlements and proper identification of scholarship recipients.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of this information is voluntary. If not submitted with other appointment and entry documents authorization to receive scholarship entitlements will not be processed.

1. _____ 2. _____
DATE NAME (Last, First, MI)

3. _____
ADDRESS (Complete Address, No Abbreviations)

4. _____
CITY STATE ZIP CODE

5. _____ 6. _____
E-MAIL TELEPHONE (Include Area Code)

EDUCATION: List all undergraduate and graduate schools in which a degree was or will be conferred:

7. 8. 9. _____
DEGREE GRADUATION YEAR FIELD OF STUDY

10. 11. _____
SCHOOL OPEID NAME OF SCHOOL AND LOCATION (No Abbreviations)

12. 13. 14. _____
DEGREE GRADUATION YEAR FIELD OF STUDY

15. 16. _____
SCHOOL OPEID NAME OF SCHOOL AND LOCATION (No Abbreviations)

Professional school to which accepted or enrolled:

17. 18. 19. _____
DEGREE GRADUATION YEAR FIELD OF STUDY

20. 21. _____
SCHOOL OPEID NAME OF SCHOOL AND LOCATION (No Abbreviations)

22. Applicant has the remaining prior active duty service obligation (must be completed) :

Source of Obligation	Years	Months	Days
_____	_____	_____	_____

23. Applicant has the remaining prior reserve service obligation (must be completed) :

Source of Obligation	Years	Months	Days
_____	_____	_____	_____

24. Proof of prior service obligation is attached. Verification has been completed with issuing authority.

_____ Atchs

25. HEALTH CARE RECRUITER SIGNATURE:

26. TYPE OR PRINT SIGNATURE BLOCK AND RSID: