01 December 2023

MEMORANDUM FOR ROTC/USAFA DC HPSP APPLICANTS

FROM: AFPC/DPMND

550 C Street West

JBSA-Randolph, TX 78150-4729

SUBJECT: Application for the Armed Forces Health Professions Scholarship Program (AFHPSP)

**The following items are required for an application to be placed before an AFHPSP selection board:**

1. **Current Physical Examination** to include DD Forms 2807 and 2808, HIV testing results, and a standard 12-lead electrocardiogram. DODMERB completed within 4 years of entry date into dental school is acceptable for AFROTC cadets. All other physicals must be accomplished **not earlier than 24 months of entry date into dental school** (waivers may be available).
2. Copy of your **unconditional** **Letter of Acceptance into Dental School.** If you believe that you will not have an unconditional letter of acceptance before the application deadline, please contact this office as you may be allowed to apply with a waiver. You will complete the rest of your application while you are still waiting on your acceptance letter.
3. Copy of your **DAT Score Report.**
4. **Air Force Officer Qualifying Test (AFOQT)** Score Report (if available).
5. **Original Transcripts**, to include any graduate work accomplished, for each college or university attended. Please have this sent by email directly from your schools or their transcript service to [AFPC.DPMND.GraduateDentalEdu@us.af.mil](mailto:AFPC.DPMND.GraduateDentalEdu@us.af.mil). If your school cannot provide transcripts digitally, then please have them mailed to AFPC/DPMND, 550 C Street West, JBSA Randolph, TX 78150, and email [AFPC.DPMND.GraduateDentalEdu@us.af.mil](mailto:AFPC.DPMND.GraduateDentalEdu@us.af.mil) notice that a transcript was mailed.
6. **Letters of Recommendation (Maximum of 3)**. The letters should be written by individuals, civilian or military, who can most effectively comment on your qualifications, work history, and additional duties. Active duty applicants should always include a letter of recommendation from their squadron commander. For all the letters, ensure that they are **on official letterhead** and are **signed by the author**.
7. Copies of any **Evaluations received as a cadet**. This does not apply to former cadets now on active duty.
8. All active duty and AFROTC applicants must submit a request for **approval to apply for the scholarship**. See template on page 3. Make sure this letter is forwarded from your commander to the following email address: [AFPC.DPMND.GraduateDentalEdu@us.af.mil](mailto:AFPC.DPMND.GraduateDentalEdu@us.af.mil). Failure to submit the approval letter from your commander will prevent your package from meeting the selection board.
9. **AFPC Questionnaire**. If an item is not applicable, type “N/A”. See Page 4.
10. **Applicant Questionnaire**. All applicants must complete the questionnaire. This questionnaire is limited to approximately two-three pages, typed, including the name, address, and phone number at the top of the first page. See Page 5.
11. **Interview Feedback Form**. An interview with a Dental Career Field Champion is NOT required for ROTC and USAFA applicants.

The AFHPSP Selection Board will occur on ***18-27 MARCH 2024***. The deadline for submission of the above items is ***23 FEBRUARY 2024***. If you need an extension on the document submission deadline, please contact [AFPC.DPMND.GraduateDentalEdu@us.af.mil](mailto:AFPC.DPMND.GraduateDentalEdu@us.af.mil). The preferred method of submission of all documents is via email to [AFPC.DPMND.GraduateDentalEdu@us.af.mil.](mailto:AFPC.DPMND.GraduateDentalEdu@us.af.mil.) If you should experience any difficulty submitting documents, an alternative email address is [elizabeth.morris.4@us.af.mil](mailto:elizabeth.morris.4@us.af.mil).

For questions or comments, my contact information is Comm: (210) 565-0645 or DSN: 665-0645.

//signed//

Elizabeth L. Morris, Maj, USAF, DC

Chief, Dental Education Section

DC & MSC Career Mgmt & Med Deployment Dev Branch

**(SAMPLE OF REQUEST FOR APPROVAL TO APPLY FOR THE AFHPSP PROGRAM)**

MEMORANDUM FOR: (YOUR WING COMMANDER/ROTC COMMANDANT)

FROM: (YOUR NAME AND ADDRESS)

SUBJECT: Request for approval to apply for selection to the Armed Forces Health Professions Scholarship Program (AFHPSP), for entry into the class beginning (Month/Year).

1. The following information is provided:

a. I am a citizen of the United States.

b. I will not be under 18 years of age at the time of the beginning 1st year classes.

c. I meet the academic, intellectual, and personal qualifications specified in AFI 41-110.

d. I am motivated to pursue a dental career in the Air Force.

e. I have obtained permission from Career Field Manager for release from my career field if I am selected for the

AFHPSP.

f. I do not have an active duty service commitment (or my ADSC resulting from (state reason) will be completed

on (date)) . (Adjust for your specific circumstance – call and discuss for your circumstances)

1. If selected, I agree to accept appointment as a Medical Service Corps officer, pay grade O-1, in the inactive obligated Air Force Reserves.

(YOUR SIGNATURE BLOCK)

Atch: Conditional Release from Career Field

1st Ind

TO: Wing Commander/ROTC Commandant Address

I do/do not recommend (Full Name, Grade, SSAN) be given approval to apply for AFHPSP. I certify no administrative or disciplinary actions are pending on the applicant. (Provide supporting remarks for disapproval action)

(SIGNATURE OF COMMANDER)

(TYPED NAME, GRADE, ORGANIZATION)

**AFPC QUESTIONNAIRE**

**ACTIVE DUTY OR AFROTC UNIT ADDRESS (IF APPLICABLE):**

**DO YOU HAVE ANY PRIOR SERVICE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE YOU WILL/DID YOU RECEIVE YOUR LINE COMMISSION (IF APPLICABLE): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECT SUPERVISOR NAME, RANK, AND EMAIL ADDRESS:**

**SQ/CC OR DET/CC NAME, RANK, AND EMAIL ADDRESS:**

**APPLICANT QUESTIONNAIRE**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOD ID: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS (be sure that you include a civ email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provide answers to the following questions:**

1. Describe some struggles our country’s service members, veterans, and families might be dealing with today.
2. What are the Air Force core values? Which one resonates most with you and why?
3. Describe a time when you were challenged ethically and how you handled the situation.
4. Discuss a time when it was necessary to admit to others that you had made a mistake. How did you handle this situation? Please try to use a different experience than you described in question 3.
5. What is an example of a challenging life experience or failure, and how did you overcome this experience? Please try to use a different experience than you described in questions 3 and 4.
6. What makes a good leader and why? How do you apply this to your life?
7. What are your long-term goals?
8. What sets you apart to be the best candidate for an HPSP scholarship?

**NOTE:**

**Limit the questionnaire responses to approximately two-three typed pages**