

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
ANNUAL STATUS REPORT**

RECIPIENT'S NAME	DEGREE PROGRAM
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ADDRESS	PHONE: CELL HOME
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IHS AREA OFFICE	EMAIL ADDRESS
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**ASSIGNMENT:** Indian Health Service                      Urban Indian Health Program  
Private Practice    Tribal Facility

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

MY CURRENT POSITION TITLE: \_\_\_\_\_

FIRST DAY OF PRACTICE: \_\_\_\_\_

YEARS REMAINING OF SERVICE COMMITMENT: \_\_\_\_\_

You are required to submit a leave report summary, provided by your local Human Resources Department,  
with this form documenting your leave taken over the past 12 months of employment.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE'S SIGNATURE	DATE
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SUPERVISOR'S TITLE (Print)	PHONE
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SUPERVISOR'S SIGNATURE	DATE
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**Return to:**  
Indian Health Service  
Scholarship Program  
5600 Fishers Lane  
Mail Stop: OHR (11E53A)  
Rockville, MD 20857

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 15 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.

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