

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
EXTERN SITE PREFERENCE REQUEST**

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

ARE YOU AN IHS SCHOLARSHIP RECIPIENT? YES NO
GRADUATION DATE: _____ CURRENT GPA: _____
COLLEGE/UNIVERSITY: _____
DATES AVAILABLE FOR EXTERN ASSIGNMENT: FROM _____ TO _____
DESCRIBE THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

EXTERN SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERN ASSIGNMENT:

_____ Albuquerque	_____ California	_____ Oklahoma City
_____ Anchorage	_____ Great Plains	_____ Phoenix
_____ Bemidji	_____ Nashville	_____ Portland
_____ Billings	_____ Navajo	_____ Tucson

INDICATE YOUR PREFERRED IHS OR TRIBAL HOSPITAL/CLINIC FOR EXTERNSHIP:

(1) _____ (2) _____
(3) _____ (4) _____

COMMENTS: _____

Upload your completed form before submitting your externship application through USAJOBS.
Read the Student Handbook or visit [ihs.gov/scholarship](https://www.ihs.gov/scholarship) for information on the externship application process.

SIGNATURE	DATE
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Reviewed (IHS use only): _____
Extern Coordinator, Branch Chief or Designee

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 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.
