

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT**

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

SCHOLARSHIP:    Preparatory            Pre-Graduate            Health Professions

**ACADEMIC TERM:**            Fall                          Winter                          Spring                          Summer

   Semester                          Quarter                          Trimester

**ENROLLMENT STATUS:**    Full-time                          Part-time

**CLASS ENROLLMENT:** List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	COURSE TITLE	HRS.	COURSE NUMBER	COURSE TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I will participate in the following special activities in my school or community:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have encountered the following problems with my school, community or scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities that will affect my status in the coming months include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required signature on back of this form**

Additional comments:

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STUDENT'S SIGNATURE		DATE
ADVISOR OR REGISTRAR NAME (Print)	POSITION TITLE	DATE
ADVISOR OR REGISTRAR SIGNATURE	PHONE: CELL	OFFICE

**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

**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.

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