U.S. DEPARTMENT OF

HEALTH AND HUMAN SERVICES

Indian Health Service

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the 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: IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1006, ATTN: PRA (0917-0006). Do not return the completed form to this address.

FORM APPROVED:
O.M.B. No. 0917-0006
Expiration Date: December 31, 2004

ACADEMIC YEAR

- ◯ 2002–2003
- ◯ 2003–2004
- ◯ 2004–2005

APPLICATION FOR PARTICIPATION IN:

THE INDIAN HEALTH SERVICE SCHOLARSHIP PROGRAMS

ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF THE FEDERAL GOVERNMENT AND SHALL NOT BE RETURNED.

BEFORE COMPLETING THIS APPLICATION, READ THE ACCOMPANYING DIRECTIONS IN THE *INSTRUCTION BOOKLET.*

- **Answer all questions.**
- **Use a No. 2 lead pencil. *Do not use ball-point or other pen.***
- **In each block, where required, place the needed information in the boxes above the grid area. Then, in the column below each box containing a letter, number, or symbol, blacken completely the circle containing the same letter, number, or symbol. In cases where a box is to represent a space and contains no letter, number, or symbol, blacken the empty circle at the top of that column.**
- **Make your marks heavy and black.**
- **Avoid stray marks and smudges. Erase incorrect marks completely.**
- **Do not staple, fold, bend, spindle, or mutilate this form.**

Submit application in the *enclosed envelope, directly to your IHS Area office.*

Questions Regarding Application should be directed to:

Grants Management Officer
Grants Management Branch
Division of Acquisition and Grants Operations
801 Thompson Ave., Suite 120
Rockville, MD 20852

★ U.S. GOVERNMENT PRINTING OFFICE:2002–722-243 159498-4 IHS-856 (02/02)

SECTION A: GENERAL

1. DISCIPLINE OR PREREQUISITE TRACK (SEE *INSTRUCTION BOOKLET*):

CODE

2. YOUR FULL NAME (SEE *INSTRUCTION BOOKLET*).

LAST NAME ONLY

FIRST AND MIDDLE NAMES (SKIP ONE SPACE BETWEEN NAMES).

LAST NAME SUFFIX (IF ANY)

Jr. ○

Sr. ○

II ○

III ○

IV ○

3. STREET ADDRESS ONLY (SEE *INSTRUCTION BOOKLET*)
Do not use these grids for City, State, and ZIP code.

SECOND LINE OF STREET ADDRESS ONLY (Leave blank if not applicable.)

FIRST LINE OF STREET ADDRESS ONLY

4. CITY, STATE, AND ZIP CODE.

a. City (only)

b. State

Blacken the appropriate circle.

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Canal Zone
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Trust Territories of the Pacific Islands
- Utah
- Vermont
- Virginia
- Virgin Islands
- Washington
- West Virginia
- Wisconsin
- Wyoming

c. ZIP Code

Use these last four shaded columns only if your ZIP code is more than five digits.

d. Area Office Code

56	Aberdeen	63	Navajo
57	Albuquerque	64	Portland
58	Alaska	65	Nashville
59	Billings	66	California
60	Oklahoma	67	Bemidji
61	Tucson	97	INMED
62	Phoenix	98	Lumbee

5a. HOME TELEPHONE NUMBER

AREA CODE — NUMBER

5b. DAYTIME TELEPHONE NUMBER

AREA CODE — NUMBER

6. SOCIAL SECURITY NUMBER

(SEE PRIVACY ACT NOTIFICATION STATEMENT IN *INSTRUCTION BOOKLET*)

7. **PLACE OF BIRTH (PLEASE PRINT).**

CITY

STATE OR COUNTRY

8. **Are you a citizen or national of the United States? (Only U.S. citizens or nationals are eligible to receive Scholarship awards.) BLACKEN the appropriate circle.**

Yes ◯ No ◯

9. ***Are you an American Indian or Alaska Native?* Those eligible for scholarship awards are applicants who are identified as American Indians or Alaska natives. Applicants wishing to claim this preference must submit with their application supporting documentary evidence from the Bureau of Indian Affairs or the Department of the Interior or from their tribal organization. Consideration is given only to those applicants who qualify for priority selection as stated in the *Instruction Booklet*.**

Yes ◯ No ◯

10. **Tribal Code (Office Use Only)**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

11. **Tribal Recognition** *(mark the appropriate number)*

Federally Recognized ① *Mark if you are an enrolled member of a Federally Recognized Tribe.*

State Recognized ②

Descendent ③

If your tribe is STATE recognized, provide telephone number and address of your state Attorney General's Office or commissioner of Indian Affairs.

TELEPHONE NUMBER

AREA CODE ( ) –

ADDRESS

CITY

STATE ZIP

12. **Have you ever received Federal support under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN)? (Preferential consideration will be given to otherwise eligible applicants who are identified as previous recipients of EFN Scholarships. Applicants wishing to claim this preference must submit a letter of verification from an official at the school in which the EFN Scholarship was received.)**

Yes ◯ No ◯

13. **PREVIOUS SERVICE COMMITMENT (SEE *INSTRUCTION BOOKLET*).**

Are you currently under any obligation to practice your profession in a State or other entity upon the completion of your professional training that would conflict with the service obligation incurred under this Scholarship?

Yes ◯ No ◯

(If you are obligated to practice under another program, please read the terms of that agreement carefully. Many agreements will enable you to serve this Scholarship obligation first. If so, there is no conflict and you should blacken the answer "No".)

14. **FUTURE SPECIALTY INTEREST (SEE *INSTRUCTION BOOKLET*).**

NAME OF SPECIALTY

CODE

A N	A N	A N	A N	A N	A N	A N
B O	B O	B O	B O	B O	B O	B O
C P	C P	C P	C P	C P	C P	C P
D Q	D Q	D Q	D Q	D Q	D Q	D Q
E R	E R	E R	E R	E R	E R	E R
F S	F S	F S	F S	F S	F S	F S
G T	G T	G T	G T	G T	G T	G T
H U	H U	H U	H U	H U	H U	H U
I V	I V	I V	I V	I V	I V	I V
J W	J W	J W	J W	J W	J W	J W
K X	K X	K X	K X	K X	K X	K X
L Y	L Y	L Y	L Y	L Y	L Y	L Y
M Z	M Z	M Z	M Z	M Z	M Z	M Z

15. Print name, permanent address, and telephone number of the person through whom you can always be located (e.g., parent, relative, etc.)

NAME		
ADDRESS		
CITY		STATE
ZIP CODE	AREA CODE	PHONE NUMBER

16. EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4). (SEE *INSTRUCTION BOOKLET*)

Based on Page 1 of the Internal Revenue Service (IRS) Form W-4 accompanying the application packet, please supply the following information:

a. ◯ Single
◯ Married
◯ Married, but withhold at higher single rate

b. Total number of allowances claimed on Form W-4, page 1, item 5.

⓪ ① ② ③ ④ ⑤ ⑥ ◯ 7 or more

c. Are you claiming exemption from withholding on Form W-4, page 1, item 7?

Yes ◯ No ◯

d. Additional amount, if any, to be deducted each pay period. Enter amount from Form W-4, page 1, item 5. Indicate whole dollars only.

$ ___ ___ ___

EXAMPLE: $30.00, Enter $030 in the boxes above the grid and blacken the circles below.

$ 0 3 0

SECTION B: DEGREE PROGRAM

Your answers to this section should pertain only to the scholarship for which you are applying.

1. Will you be enrolled as a full-time or part-time student for the academic year for which you are applying? (You must remain full-time or part-time for the full academic year.)

Full-time ◯ Part-time ◯

Indicate the average number of credit hours (e.g., PT = 6 to 11, FT = 12 or more) you will be enrolled for the term, quarter or semester.

Full-time	Part-time
___ ___	___ ___

2. Print name of school in which you are enrolled or accepted for enrollment.

SCHOOL

3. Print location of school.

CITY STATE

4. School code (Office Use Only)

5. **Indicate the month and year you first attended or will attend school.**

JANUARY ○	
FEBRUARY ○	
MARCH ○	0 0 0 0
APRIL ○	1 1 1 1
MAY ○	2 2 2 2
JUNE ○	3 3 3 3
JULY ○	4 4 4 4
AUGUST ○	5 5 5 5
SEPTEMBER ○	6 6 6 6
OCTOBER ○	7 7 7 7
NOVEMBER ○	8 8 8 8
DECEMBER ○	9 9 9 9

6. **In which of the following categories will you be charged tuition and fees for the school year in which you are applying for a scholarship?**

○ Resident/In-state
○ Non-resident/Out-of-state
○ School charges same tuition and fees regardless of resident status

7. **Please indicate which of the following scholarships you are applying for and the month and year of your expected completion of the required coursework or graduation date:**

○ **Health Professions Preparatory**

For students who are applying for scholarships in any preparatory course of study but pre-medicine or pre-dentistry.

○ **Health Professions Pregraduate**

For students who are applying for scholarships in pre-medicine or pre-dentistry ONLY.

○ **Health Professions**

For students who are applying for scholarships to support them in a health professional school.

	2 0	
JANUARY ○		
FEBRUARY ○		
MARCH ○	0 ● 0 0	
APRIL ○	1 1 1 1	
MAY ○	● 2 2 2	
JUNE ○	3 3 3 3	
JULY ○	4 4 4 4	
AUGUST ○	5 5 5 5	
SEPTEMBER ○	6 6 6 6	
OCTOBER ○	7 7 7 7	
NOVEMBER ○	8 8 8 8	
DECEMBER ○	9 9 9 9	

8. **What YEAR of Health Professions coursework will you be enrolled in during the academic year for which you are applying for a scholarship?** ○ 1st year ○ 2nd year ○ 3rd year ○ 4th year ○ 5th year ○ 6th year

9. **EDUCATION**

COLLEGE OR UNIVERSITY

If you have attended college or graduate school, please complete the following information showing your previous college or university education. Attach official transcripts from each college/university.

	NAME AND LOCATION OF COLLEGE OR UNIVERSITY			MONTH/YEAR ATTENDED		NUMBER OF CREDITS COMPLETED	TYPE OF DEGREE (BA, MS, ETC.)	MONTH/YEAR THAT DEGREE WAS OBTAINED*
	NAME	CITY	STATE	FROM	TO			
1.								
2.								
3.								
4.								
5.								

*If graduating within 6 months, give month/year of expected degree.

HIGH SCHOOL OR G.E.D.

If you have **not** attended college, please complete the following. Write the name and location (City and State) of the high school you attended or where you obtained your GED high school equivalency. Attach an official copy of your high school transcripts or GED certificate with scores.

	NAME AND LOCATION OF HIGH SCHOOL OR WHERE G.E.D. WAS OBTAINED			MONTH/YEAR ATTENDED		HIGH SCHOOL GRADUATION DATE (MONTH/YEAR)	G.E.D. CERTIFICATION DATE (MONTH/YEAR)
	NAME	CITY	STATE	FROM	TO		
1.							
2.							

SECTION C: MISCELLANEOUS

1. Date of Birth (Month-Day-Year: e.g., February 5, 1974 would be written as 02-05-74)

		–		–	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	5
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

2. Gender

Male ◯ Female ◯

3. If you do not receive a scholarship from the Indian Health Service (IHS) may the IHS forward your application to another funding source (e.g., non-governmental, tribal or other government agencies)?

Yes ◯ No ◯

4. Grant Number (Office Use Only)

		–		–	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

SECTION D: CERTIFICATION

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for the rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under U.S. code, Title 18, Section 1001.

SIGN YOUR FULL NAME IN INK AND DATE

SIGNATURE	DATE

FOR OFFICE USE ONLY

COM ◯
INC ◯
APL ◯
LOA ◯
TRA ◯
IND ◯
EVL ◯
NAR ◯
DBT ◯
W-4 ◯
CUR ◯
CON ◯
EXP ◯

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9