



**REPEAT/CURRICULUM REQUIRED COURSE WORK**  
(Please include all courses required)

**SUMMER SESSION I:**

FROM _____	TO _____	HRS.
COURSE NUMBER _____	TITLE _____	
_____	_____	_____
_____	_____	_____

**SUMMER SESSION II:**

FROM _____	TO _____	HRS.
COURSE NUMBER _____	TITLE _____	
_____	_____	_____
_____	_____	_____

FUNDING REQUESTED (Must include tuition amount for each session):

	SUMMER SESSION I	SUMMER SESSION II
TUITION	_____	_____
FEES	_____	_____
TOTAL	_____	_____

**YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.**

RECIPIENT'S SIGNATURE	DATE
ADVISOR'S NAME (Print)	DATE
ADVISOR'S SIGNATURE	PHONE:

**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 6 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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