

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
COURSE CURRICULUM VERIFICATION**

See Estimated Average Burden Time
per Response on page 2.

APPLICANT'S NAME	DEGREE PROGRAM
IHS AREA OFFICE	EMAIL ADDRESS

I am applying as a: New Applicant Extension Applicant

This form documents the courses you will be enrolled in or anticipate to be enrolled in during each academic term beginning in August and running through July.

Academic Year: 20 _____ – 20 _____

College/University: _____

Number of Academic Terms (including summer school, if applicable): _____

Full-time: Part-time:

*****ATTACH CURRICULUM FOR MAJOR. THIS CANNOT BE USED IN PLACE OF COMPLETING THIS FORM*****

SEMESTER I / TRIMESTER I / QUARTER I (Required)

TOTAL S / T / Q HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEMESTER II / TRIMESTER II / QUARTER II (Required)

TOTAL S / T / Q HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required signature on back of this form

TRIMESTER III / QUARTER III (Required, if applicable)

TOTAL T / Q HOURS: _____

COURSE NUMBER

CREDIT HOURS

COURSE TITLE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARTER IV (Required, if applicable)

TOTAL Q HOURS: _____

COURSE NUMBER

CREDIT HOURS

COURSE TITLE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS FORM MUST BE REVIEWED AND SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL

NAME (Print)

POSITION TITLE (Required)

SIGNATURE

DATE

PHONE NUMBER

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 42 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
