DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED:
OMB Approval No: 0917-0006
Exp. Date: 9/30/2016

*See Estimated Average Burden Time per Response on page 2.*

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM**

# DELINQUENT FEDERAL DEBT

| APPLICANT'S NAME | | SOCIAL SECURITY NUMBER |
|---|---|---|
| DEGREE PROGRAM | IHS AREA OFFICE | EMAIL ADDRESS |

**INSTRUCTIONS:**

This form is required as part of your application packet.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Indian Health Service.

**ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)?** ☐ **Yes** ☐ **No**

If your response was "Yes," please provide an explanation in the space provided below. Explanation must include name of Federal Agency (to which debt is owed), type (student loan, HUD Mortgage, etc.), telephone number and name of contact person(s) handling debt, and account number if different from your SSN. **You are required to provide a notarized power of attorney, in some cases the Federal Agency may require you to use their power of attorney document, authorizing the release of information to the IHS Division of Grants Management to inquire about your debt. If authorization is not included, your application will not be considered for an award.**

| Federal Agency | Type of Loan | Account # | Contact Name | Phone # |
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*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 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 subject to penalties under U.S. code, Title 18, Section 1001.*

| APPLICANT'S SIGNATURE | DATE |
|---|---|

## 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