

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

APPLICANT'S NAME	DEGREE PROGRAM
IHS AREA OFFICE	EMAIL ADDRESS

Please indicate your acceptance or decline of an Indian Health Service scholarship award by checking the appropriate space below. Your scholarship award will not be issued until this form is completed and returned.

I accept the scholarship award for the 20 _____ – 20 _____ school year.

I decline the scholarship award for the 20 _____ – 20 _____ school year.

If you choose to accept this award, please provide your mailing address to ensure receipt of scholarship correspondence, including your W-2.

Please complete the following information.

STREET ADDRESS / POST OFFICE BOX NUMBER		
CITY	STATE	ZIP CODE

Please note if this is a change of address.

Complete this form and return immediately to:

Indian Health Service
Scholarship Program
5600 Fishers Lane
Mail Stop: OHR (11E53A)
Rockville, MD 20857

If you have questions, please contact the IHS Scholarship Program at (301) 443-6197.

APPLICANT'S SIGNATURE	DATE
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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
