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

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 3/31/2020

See Estimated Average Burden Time

PUBLIC LAW 94-437 – TITLE CHANGE OF NAI			per Response on page 2.
RECIPIENT'S NAME	DEGREE PROGRAM		
ADDRESS		PHONE: CELL HC	ME
IHS AREA OFFICE	EMAIL ADDRESS		
INDICATE THE CHANGE YOU WOULD LIKE TO MAKE:	NAME	ADDRESS	
NEW NAME:			
If you have officially changed your name, you must a (for example, marriage certificate).	attach the appropria	te legal document	ation
If you are changing your address, complete the sect that is processed after the 10th of the month will not			
NEW ADDRESS:			
City	S	tate	Zip Code
NEW PHONE: Cell Home			
DATE OF CHANGE:			
CHECK THE APPROPRIATE BOX: I am enrolled in an undergraduate/graduate degre	ee program.		
I am completing an IHS-approved post-graduate		ıram.	
I am fulfilling my service commitment.			
RECIPIENT'S SIGNATURE			DATE
Indian Hea Scholarsh 5600 Fis Mail Stop: O	I rn to: alth Service ip Program hers Lane OHR (11E53A) MD 20857		
Reviewed (IHS use only): Analyst, Branch Chief or Designee			

IHS-856-22 EF

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.