

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

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

HAVE YOU BEEN PLACED AT AN APPROVED IHS, TRIBAL OR URBAN INDIAN PROGRAM? Yes No

If yes, provide the:

NAME OF FACILITY: _____

POSITION TITLE: _____

START DATE: _____

If no, please attach documentation of your efforts to secure placement (e.g., proof of application/rejection). You must submit another Placement Update form in 30 days providing further information on your efforts to begin your service commitment.

If you have reached the 90 day limit and have not accepted placement at one of your preferred sites, or cannot find employment, the Director of IHS may involuntarily place you at an Indian health facility based on the needs of the IHS.

GRADUATION DATE: _____

COLLEGE/UNIVERSITY: _____

DEGREE OBTAINED: _____

Required signature on back of this form

LIST POSITION(S) APPLIED FOR:

JOB 1	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:
JOB 2	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:
JOB 3	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:
JOB 4	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:

Use additional sheets as needed.

RECIPIENT'S SIGNATURE

DATE

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 11 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.
