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 per Response on page 2.

## PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM SUMMER SCHOOL REQUEST

			I			
RECIPIENT'S NAME			DEGREE PROGRAM			
ADDRESS				PHONE: CELL	HOME	
IHS AREA OFFICE			EMAIL ADDRESS			
SCHOLARSHIP: Preparato	ry Pre-0	Graduate	Health Professions			
·						
TYPE OF SUMMER SCHOOL	REQUEST:	Year Round	Curriculum			
			culum Required Cour	rse Work		
ENROLLMENT STATUS: F	ull-time	Part-time				
			IN AN AFTE COLLEGE			
EXPLAIN YOUR REQUEST FO	R APPROVAL	TO ATTEND SO	JMMER SCHOOL:			
	,	YEAR ROUND	CURRICULUM			
		(Please include a	II courses required)			
SUMMER SESSION I:			FROM		ТО	
COURSE NUMBER	TITLE		1110W			HRS.
	·					
SUMMER SESSION II:			FROM		TO	
COURSE NUMBER	TITLE					HRS.

Required signature on back of this form

IHS-856-21 EF

REPEAT/CURRICULUM REQUIRED COURSE WORK (Please include all courses required)					
SUMMER SESSION I:		FROM	TO		
COURSE NUMBER	TITLE		HRS.		
SUMMER SESSION II: COURSE NUMBER	TITLE	FROM	TO		
FUNDING REQUESTED (Must		·			
T. 11T. 0.1:	SUMMER SESSION I	SUMMER S	SESSION II		
TUITION					
FEES					
TOTAL					
RECIPIENT'S SIGNATURE			DATE		
ADVISOR'S NAME (Print)			DATE		
ADVISOR'S SIGNATURE		PHONE:			
	Sch 56 Mail S	Return to: lian Health Service holarship Program 600 Fishers Lane Stop: OHR (11E53A) lockville, MD 20857			
Reviewed (IHS use only):Analyst, B	ranch Chief or Designee				
	ESTIMATED AVERAGE	E BURDEN TIME PER RESPONS	SE .		
time for reviewing and completing a person is not requ number. Send co including suggesti	instructions, searching existind reviewing the collection outlined to respond to, a collection mments regarding this burder	rmation is estimated to average 6 minutes per ting data sources, gathering and maintaining of information. An agency may not conduct on of information unless it displays a current on estimate or any other aspect of this collect of Indian Health Service, Scholarship Program	ng the data needed, of or sponsor, and a tly valid OMB control ection of information,		