

# APPLICATION HANDBOOK



2016-2017



*Your Health Career Starts Here*



## OUR MISSION

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

## OUR GOAL

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

## OUR FOUNDATION

To uphold the federal government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures and to honor and protect the inherent sovereign rights of Tribes.

## Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance." Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

## Privacy Act Notice

### General

This information is provided pursuant to the Privacy Act of 1974 (Public Law [P.L.] 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

### Authority

Sections 751-757 of the Public Health Service Act and Sections 103 and 104 of the Indian Health Care Improvement Act (IHCA; P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, 1996 and 2010 (P.L. 100-713, P.L. 102-573, P.L. 704-313 and P.L. 111-148).

### Purposes and Uses

In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (IHCA; [P.L. 94-437]), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

In 1978, the Indian Health Service awarded its first scholarship, laying the educational foundation for American Indian and Alaska Native students to train as health professionals serving within Indian health communities. Today, the IHS Scholarship Program has grown to support, educate and place health care professionals within medically underserved Indian health programs\* throughout the continental United States and Alaska.

### Disclosure of Information

Applicants are required to provide their Social Security number for purposes of payroll and payments in preparation for a scholarship award. IHS will deny your application for consideration should you fail to provide this information with your application.

Applicant/recipient data is used by the US Department of Health and Human Services (HHS) for recordkeeping and program management. The information may also be disclosed outside of HHS as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending and the date of graduation may be made available to health profession associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources, and to individuals and organizations deemed qualified by the HHS Secretary to carry out specific research solely for the purpose of carrying out such research.

### DISCLAIMER

The level of IHS scholarship financial aid is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States and, therefore, is subject to change each year.

The information contained within this handbook applies to scholarship applicants for the 2016 -2017 calendar year.

*\* The term "Indian health program" is defined in the IHCA (P.L. 94-437) as any health program or facility funded in whole or in part by IHS for the benefit of American Indians and Alaska Natives. These health programs or facilities must be administered directly by IHS, by any Indian Tribe or Tribal health program or Indian organization contracted under the Indian Self-Determination Act or by an Urban Indian organization pursuant to Title V of the IHCA.*

More than 15,000 employees make up the IHS team, providing comprehensive care and support to culturally diverse American Indian and Alaska Native communities nationwide. However, IHS continues to need dedicated health professionals to work in Indian health facilities — people like you who seek a different path and want the fulfillment of working in a community where you are really needed. The IHS Scholarship Program offers a scholarship that supports your education and provides the foundation for a long and successful career while allowing you to work toward giving back to your community.

The first step is to apply. This handbook provides you with the information you need to submit a complete and eligible application. It's important to note that the IHS Scholarship Program application process is highly competitive — on average, the program receives about 1,200 applications per year, from which IHS awards approximately 150 scholarships.

It is your responsibility to ensure that the information in your application is complete. The IHS Scholarship Program recommends that you submit your application as early as possible to allow our staff to confirm that it is eligible for review. A staff member will contact you (if time permits) to correct any errors, allowing you to resubmit your application prior to the deadline. IHS places only complete and eligible applications into competition for a scholarship award.

And remember, there's no guarantee that you will receive an award, so we encourage you to seek financial aid and assistance from other sources as well.



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# Introduction





Our three IHS scholarships offer qualified American Indian and Alaska Native health profession students a unique opportunity to establish an educational foundation as they prepare to pursue a career in Indian health. Each scholarship is defined by applicant and degree program eligibility and provides generous financial aid packages. The ultimate goal of the program is to develop the next leaders of Indian health communities.



Refer to the [IHS Scholarship Comparison Chart](#) for a concise view of the three IHS scholarship options and relevant information, along with a list of eligible health profession degree programs for the upcoming year.

## Preparatory Scholarship

Our Preparatory scholarship provides financial aid to qualified American Indian and Alaska Native undergraduate students. Recipients must be members or descendants of federally recognized, state-recognized or terminated Tribes/Villages enrolled in preparatory courses (those required to improve science, mathematics or other basic skills and knowledge) or prerequisite courses (pre-professional studies required in order to qualify for admission to a health profession program). Programs include pre-clinical psychology, pre-nursing, pre-pharmacy and other eligible preparatory degree course work, based on IHS needs.

## Pre-Graduate Scholarship

Our Pre-Graduate scholarship provides financial aid to qualified American Indian and Alaska Native undergraduate students. Recipients must be members or descendants of federally recognized, state-recognized or terminated Tribes/Villages enrolled in courses leading to a bachelor's degree in pre-medicine, pre-dentistry, pre-podiatry and other subjects as needed by the Indian health programs.

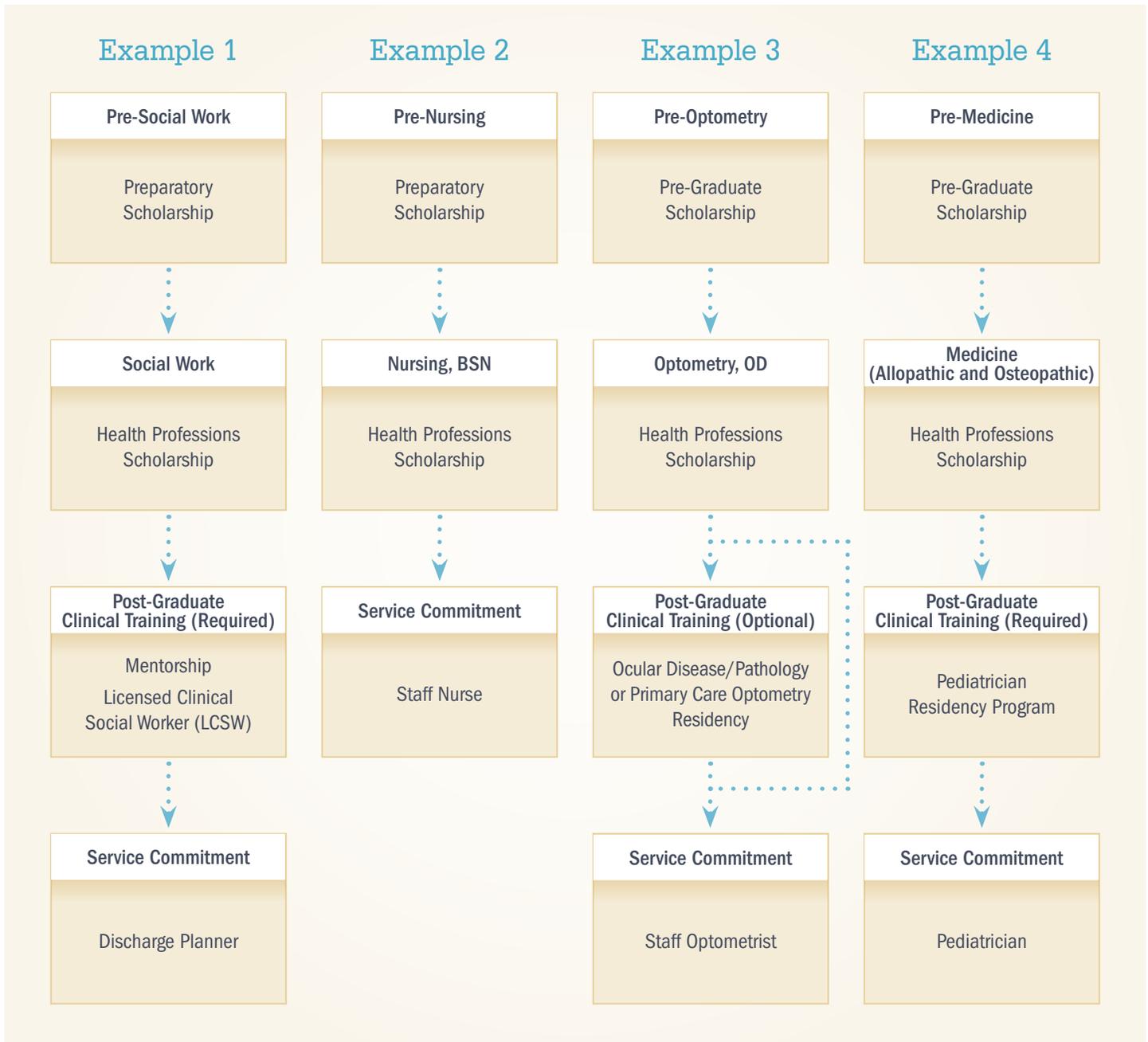
## Health Professions Scholarship

Our Health Professions scholarship provides financial aid to qualified American Indian and Alaska Native undergraduate- and graduate-level students. Recipients must be members of federally recognized Tribes/Villages and enrolled in an eligible health profession degree program. In exchange for financial aid, scholarship recipients agree to fulfill a service commitment in full-time clinical practice upon completion of their academic or post-graduate clinical training.



## Determine Your Ideal Career Path

You have the opportunity to choose the scholarship that best matches your academic pursuits. Whether you're an undergraduate just beginning your academic career or a graduate student preparing to enter the workforce, the IHS Scholarship Program offers a number of options where you can begin your journey to a career in Indian health. The chart below shows four examples detailing how to advance from "scholarship recipient" to a licensed or certified health professional at an Indian health facility.



# Applicant Eligibility Requirements and Selection



The following are general eligibility requirements for all applicants. You must meet both these general requirements and the specific eligibility requirements listed for the scholarship you are applying for in order to be considered for a scholarship.

## Citizenship

You must be a United States citizen (US-born or naturalized) or US national to be considered for an IHS scholarship; resident aliens are ineligible for a scholarship award.

Documents that will be accepted as proof of citizenship include:

- » Copy of your birth certificate.
- » Current US passport.
- » Certificate of citizenship or naturalization.

A copy of a driver's license or a social security card will not be accepted as documentation of citizenship.

Men age 18 or over must be registered with Selective Service.

## American Indian Tribal or Alaska Native Village Membership

You must be a member or descendant of a federally recognized, state-recognized or terminated American Indian Tribe or Alaska Native village to be considered for an IHS scholarship.

*NOTE: Only members of federally recognized Tribes or Alaska Native villages are eligible to apply for a Health Professions scholarship. Members and descendants of federally recognized, state-recognized or terminated Tribes and Alaska Native villages are eligible to apply for a Preparatory or Pre-Graduate scholarship.*

### Federally Recognized Tribes

The following members or descendants of federally recognized American Indian Tribes or Alaska Native villages are eligible to apply:

- » **American Indian:** Category A — Member of a federally recognized Tribe, band or community.
- » **American Indian:** Category B — Descendant of a federally recognized Tribe, band or community.
- » **Alaska Native:** Category D — Member of an Alaska Native village.

### Documentation

A copy of a [Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service \(Form BIA-4432\)](#)\* form is the preferred documentation to verify your membership status with an American Indian Tribe or Alaska Native village.

### American Indian Tribal Members

Members of federally recognized American Indian Tribes who cannot complete a Form BIA-4432 must submit one of the following pieces of documentation. Your Tribal enrollment number must be recorded on the document you select in order for the program to verify your membership status.

- » Tribal Enrollment Card\*
- » Certificate of Degree of Indian Blood (CDIB)\*

*\* Do not submit an original Form BIA-4432, Tribal Enrollment Card or CDIB — you will need to keep these for your personal records. Contact the Bureau of Indian Affairs or your local Tribal/Village official(s) if you need assistance.*

### GOOD TO KNOW

A copy of a [Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service \(Form BIA-4432\)](#)\* form is the preferred documentation to verify your membership status with an American Indian Tribe or Alaska Native village.

### **Alaska Native Village Members**

Members of Alaska Native villages who cannot complete a Form BIA-4432 must provide at least two of the following pieces of documentation. Your Tribal enrollment number must be recorded on one of the documents you select in order for the program to verify your membership status.

- » Tribal Enrollment Card\*
- » Certificate of Degree of Indian Blood (CDIB)\*
- » Other official documentation listing name, blood quantum, status (original enrollee, descendant, etc.).

### **Descendants**

Descendants of federally recognized Tribal members who cannot complete a Form BIA-4432 must provide the following documentation:

1. A copy of your birth certificate.
2. The birth or death certificate of your parent(s) or grandparent(s) who is (are) an enrolled member(s) of the Tribe with whom you're establishing descendant status.
3. A copy of either of your parents' or grandparents' enrollment documentation (Form BIA-4432 or Tribal Enrollment Card).

*\* Do not submit an original Form BIA-4432, Tribal Enrollment Card or CDIB — You will need to keep these for your personal records. Contact the Bureau of Indian Affairs or your local Tribal/Village official(s) if you need assistance.*

## **State-Recognized/Terminated Tribes**

### **Documentation**

#### ***Tribal Members***

If you are a member of a state-recognized Tribe or a Tribe terminated since 1940, you must provide official documentation that you meet the requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe. You may provide a document signed by an authorized Tribal official or other evidence satisfactory to the Secretary of the Interior, stating that you are a member of the Tribe. In addition, if the terminated or state-recognized Tribe of which you are a member is not on a list of Tribes published by the Secretary of the Interior in the Federal Register, you must submit an official signed document that the Tribe has been terminated since 1940 or is recognized by the state in which the Tribe is located in accordance with the law of that state.

#### ***Descendants***

Descendants of state-recognized Tribal members must submit the following documentation:

1. A copy of your birth certificate.
2. The birth or death certificate of your parent(s) or grandparent(s) who is (are) an enrolled member(s) of the Tribe with whom you're establishing descendant status.
3. Evidence of either of your parents' or grandparents' Tribal membership in accordance with the paragraphs above.

You must clearly document your relationship to the Tribal member.

## Ranking Procedures

The IHS Scholarship Program awards scholarships based on a 100-point ranking system divided among three categories:

- » **Academic Performance (40 points)** — Performance is based on official transcripts. A minimum 2.0 cumulative GPA is required.
- » **Faculty/Employer Evaluations (30 points)** — The evaluations assess how your education and work achievements, interpersonal skills and overall potential will translate into a successful career as an Indian health professional.
- » **Applicant Essays (30 points)** — The essays provide you the opportunity to explain the reasons you are applying for a scholarship, your career goals and how these career goals will help to meet the needs of American Indians and Alaska Natives. The essays weigh heavily toward your ranking against other applications. IHS scores not only on how well the essays are written but also on how well your career goals and desire to serve Native communities are reflected in what you write.

The Application Review Committee consists of volunteers from Native communities throughout the United States. The committee's review scores are used to rank applicants, along with the applicant's graduation date, within each scholarship option according to eligible degree programs. All applicants scoring 70 points or higher will be considered for a scholarship. Projected graduation dates take precedence in identifying applicants for selection for an award. The average review score received from the Committee is used as the tiebreaker after those with the earliest graduation date are identified as priority awardees. For example, if you are a junior pre-med student, you will be ranked among all pre-med applicants (freshmen through seniors) according to your projected graduation date. Applicants with the same graduation date will then be sorted by review score from highest (100) to lowest (0).



# Scholarship Details





## Degree Programs

You must be enrolled in an eligible health profession degree program to be considered for a Preparatory or Pre-Graduate scholarship. Staffing needs of Indian health facilities determine the degree programs eligible for each scholarship.



The [IHS Scholarship Comparison Chart](#) lists the eligible degree programs associated with the Preparatory and Pre-Graduate scholarships.

## GENERAL ELIGIBILITY REQUIREMENTS

1. You must be a US citizen (US-born or naturalized) or a US national.
2. You must be:
  - a. A member or descendant of a federally recognized American Indian Tribe or an Alaska Native village ([Category A, B, or D](#) on Form BIA-4432) or
  - b. A member or descendant of a state-recognized or terminated Tribe.
3. Men over the age of 18 must be registered with Selective Service.

## Specific Eligibility Requirements

To qualify for a Preparatory or Pre-Graduate scholarship, applicants must also meet specific eligibility requirements by the start of the academic year for which the scholarship is awarded:

- » Be a high school graduate or the equivalent.
- » Have a minimum grade point average (GPA) of 2.0.
- » Be capable of completing a health profession degree program.
- » Intend to serve Indian people as a health professional in your chosen specialty.
- » Be willing to sign an [IHS Scholarship Program Agreement \(IHS-817\)](#) documenting that you're committed to continuing your education in your identified health profession degree program.

## Financial Aid

IHS pays Preparatory and Pre-Graduate scholarship financial aid for up to a 10-month period from August 1 through May 31 of the next academic year. However, recipients who graduate/complete required preparatory courses before May receive their monthly stipend only through the month of graduation or completion.

A Preparatory scholarship recipient will receive financial support for up to two years of full-time (four years part-time) academic work, while a Pre-Graduate scholarship recipient will receive financial support for up to four years of full-time (eight years part-time) academic work. This support covers tuition, required fees and other educational and living expenses outlined in the Scholarship [Financial Aid](#) section.

## Maintaining Eligibility

You must meet the following standards to maintain your eligibility as a scholarship recipient:

- » Be in good academic standing, with a minimum GPA of 2.0.
- » Be enrolled as a full-time or part-time student for each academic term, per your school's degree program policies.
- » Maintain your enrollment status throughout the current academic year.
- » Maintain the required hours to meet the graduation or completion of training date as agreed to in your application.
- » Submit recipient documentation per program policies.

Scholarship recipients must apply annually to extend their IHS scholarship. In addition to submitting your scholarship extension application, you must be recommended for an extension by the Director of IHS' Division of Health Professions Support (DHPS) based on your academic record, capability of graduating and likelihood of being accepted into a health profession degree program.



## Degree Programs

You must be enrolled in a fully accredited, eligible health profession degree program to receive a Health Professions scholarship. Staffing needs of Indian health facilities determine the degree programs eligible for each scholarship.



The [IHS Scholarship Comparison Chart](#) lists the eligible degree programs associated with the Health Professions scholarship.

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### GENERAL ELIGIBILITY REQUIREMENTS

1. You must be a US citizen (US-born or naturalized) or a US national.
2. You must be a member of a federally recognized American Indian Tribe or Alaska Native village ([Category A Form BIA-4432](#)).
3. Men over the age of 18 must be registered with Selective Service.

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### Specific Eligibility Requirements

To qualify for a Health Professions scholarship, applicants must also meet specific eligibility requirements by the start of the academic year for which the scholarship is awarded:

- » Be a high school graduate or equivalent.
- » Have a minimum GPA of 2.0.
- » Be capable of completing a health profession degree program.
- » Intend to serve Indian people as a health professional in your chosen specialty.
- » Be willing to sign an [Indian Health Service Scholarship Program Contract \(IHS-818\)](#) agreeing to a minimum two-year service commitment to practice at an Indian health facility upon completion of your academic and/or post-graduate training.

### Financial Aid

IHS pays Health Professions scholarship financial aid for up to a 12-month period from August 1 through July 31 of the next academic year. Recipients who graduate before May will receive a monthly stipend for an additional two months after their month of graduation.

A Health Professions scholarship recipient will receive financial support for up to four years of full-time (eight years part-time) academic work. This support covers tuition, required fees and other educational and living expenses outlined in the Scholarship [Financial Aid](#) section.



## Maintaining Eligibility

You must meet the following standards to maintain your eligibility as a scholarship recipient:

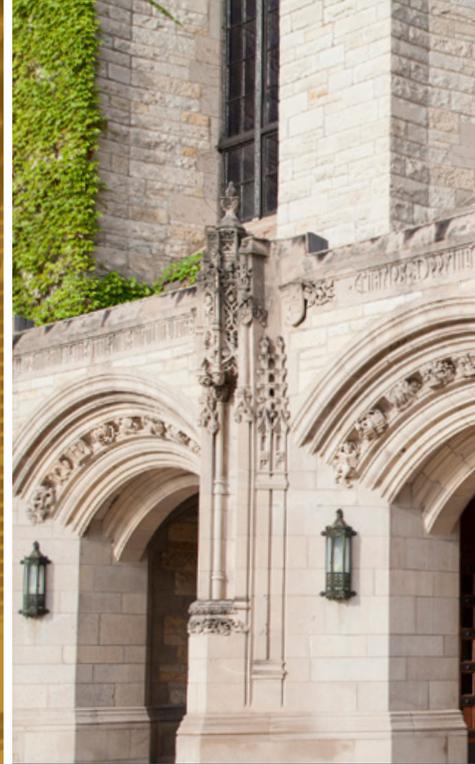
- » Be in good academic standing according to your school's degree program policies.
- » Be enrolled as a full-time or part-time student for each academic term, per your school's degree program policies.
- » Maintain your enrollment status throughout the academic year.
- » Submit a letter from the institution's program director verifying your full- or part-time status.
- » Maintain the required hours to meet the graduation or completion of training date as agreed to in your application.
- » Submit recipient documentation per program policies.

Scholarship recipients must apply annually to extend their scholarship support. Scholarship extensions are not guaranteed. In addition to your extension application, you must be recommended for an extension by the DHPS Director based on your academic record, capability of graduating, completion of board certification and readiness to begin practice as of your documented graduation date.

## IHS Scholarship Program Contract

You must sign the [Indian Health Service Scholarship Program Contract \(IHS-818\)](#) when accepting a Health Professions scholarship. By signing, you agree to fulfill a minimum two-year service commitment in full-time clinical practice at an Indian health facility in your chosen health profession after completing your academic or post-graduate clinical training. Be sure that you have a full understanding of the contract before signing and returning it to the IHS Scholarship Program office.

# Financial Aid



**GOOD TO KNOW**

Summer school is not included as part of your tuition and fees. Scholarship support for summer courses must be requested annually, no later than April 22.

## Approved Course Work and Fees

The IHS Scholarship Program pays for tuition and required fees (calculated by the educational institution) directly applicable to your approved curriculum and scholarship requirements. Required fees include lab, health unit and parking permit fees. IHS will cover the cost of a basic parking permit as required to park on campus. You will be responsible for additional costs if you upgrade your permit to allow for parking closer to your classes.

You must submit a copy of your scholarship award letter to your school's business office and financial aid office once it is received from the Division of Grants Management. This letter officially notifies your school of your participation in the IHS Scholarship Program and includes invoice and payment instructions (allowing your school to bill IHS directly).

Your scholarship award is dependent on your maintaining your approved course load and chosen degree program. Any substantial differences between your official transcripts and the [Course Curriculum Verification \(IHS-856-6\)](#) form you submit as part of your online application can result in the loss of your financial aid.

Summer school is not included as part of your tuition and fees. Scholarship support for summer courses must be requested annually no later than April 22. Refer to the Summer School section for more information.

## Unapproved Course Work

Academic work not required for your approved degree program is not covered under your financial aid package. This includes:

- » Dual degree (for example, a Master of Public Health in addition to the degree in your health profession, or a second major in a degree track unrelated to the core health curriculum, such as business administration).
- » Courses that must be repeated due to poor academic performance. IHS will assist with paying for these courses only if they are taken during summer school.
- » Courses unrelated to your approved degree program.
- » Audit courses.

## Summer School

All scholarship recipients are eligible to receive financial assistance for summer school. Recipients are required to submit a [Summer School Request \(IHS-856-21\)](#) form and documentation of summer school tuition and fees detailing the courses in which they will enroll.

IHS will distribute a new award letter notifying you of the program's approval of your summer school request. You must submit your award letter to your school's business and financial aid offices authorizing the school to submit an invoice to IHS to provide an official record of your summer school tuition and required fees.

### ***Preparatory and Pre-Graduate Scholarship Recipients***

The IHS Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for summer school tuition and fees as billed by your school. You may enroll in as many credit hours as you choose, but you must pay costs beyond the amount the program provides. No additional funds are available for books or other miscellaneous expenses.

### ***Health Professions Scholarship Recipients***

The IHS Scholarship Program will cover all summer school tuition and fees, as specified by program policies. No additional funds are available for books or other miscellaneous expenses.

## Monthly Stipend

IHS supports all scholarship recipients with a monthly stipend covering reasonable living expenses. Health Professions scholarship recipients will receive the stipend for a 12-month period, while Preparatory and Pre-Graduate scholarship recipients will receive the stipend for 10 months. The estimated stipend, including room and board, will be no less than \$1,500 per month, deposited at the end of each month by direct deposit from the US Treasury Department. Stipends are prorated for part-time students. The Division of Grants Management will send an award letter specifying the total dollar amount of the stipend upon approval of your scholarship.

### *August Payment*

You will receive an annual lump sum in your August payment labeled Other Related Costs (ORC) to cover books, travel and other pre-approved educational expenses. The IHS Scholarship Program suggests that you budget your ORC payment appropriately to cover your expected expenses over the course of the academic year. IHS will not approve requests for additional funds unless you provide documentation showing the ORC funding did not sufficiently cover the outlined approved education expenses.

## Education Expenses

### *Other Related Costs (Covered)*

IHS will pay for the following items as part of your August payment:

- » School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses.

You will also receive a one time payment for:

- » Tutorial services — IHS will include \$400 (full time) or \$200 (part time) to assist with tutorial services or licensure/board certification preparatory classes.
- » Travel expenses — \$300 to offset travel expenses to and from school for the year.
- » Post office box rental — \$35 to offset the expense for a post office box rental.

### *Other Related Costs (Not Covered)*

IHS will not pay for the following items:

- » School bookstore invoices — including non-required books and supplies.
- » Dental/medical equipment rented from sources other than the school.
- » Desktop or laptop computers (purchased, leased or rented).
- » Health insurance — The educational institution will accept documentation from your Tribe or IHS facility that you are eligible for health care and/or contract health care through an Indian health program. If you find that the location of Indian health care services is inconvenient, you will be responsible for a separate health insurance policy (group or individual) while in school.
- » Other types of insurance — Disability, Needlestick, etc.
- » Additional travel expenses incurred over the \$300 allowed.
- » Certification and licensure examination fees.
- » Membership dues for student societies, associations and similar expenses.
- » Uniforms (for example, military uniforms, school-required scrubs).
- » School terms prior to the scholarship award period.
- » Credit card debt.
- » Parking fines.

The IHS Scholarship Program will not pay bank-imposed penalties for returned checks. Confirm that you have received your stipend before incurring any costs that you cannot cover.



### GOOD TO KNOW

Recipients of the American Indians into Nursing Program or the American Indians into Psychology Program who are of American Indian or Alaska Native descent may apply for an IHS scholarship, but recipients cannot participate in both programs at the same time. Upon completion of your degree, your IHS Scholarship Program service commitment will take precedence over the service commitment associated with your nursing or psychology grant program.

## Taxes

IHS scholarship stipends are subject to federal income tax and possibly state and local taxes. IHS withholds federal income taxes based on the details you provided on your Form W-4. Please contact the [IRS](#) or a tax professional to inquire about any other tax liabilities, specifically state and local taxes, associated with your financial aid package.

## Potential Conflicts with Your IHS Scholarship

### *Multiple Scholarships, Grants and Fee Waivers*

All scholarship recipients must report their IHS Scholarship Program award to both their school's business office and financial aid office in order to avoid unlawful duplication of federal funding. We encourage applicants to pursue other funding options; however, your school must list on its invoice all scholarship, grants and fee waivers that you have accepted from other sources. The IHS Scholarship Program will deduct other sources of financial aid from the school invoice charges for tuition and fees before approving final payment. Student loans are not included in this policy since the student will repay the loans after his or her graduation.

### *Scholarships Carrying a Service Commitment*

If you are currently receiving scholarship funds or have a service commitment from any federal or state program, such as the National Health Service Corps (NHSC) Scholarship Program (Section 751 of the Public Health Service Act) or the HRSA NURSE Corps, you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which you received those awards.

### *Benefits from State, Local and Other Federal Sources*

If you owe a service commitment for professional practice to a state or other entity under an agreement made before applying for an IHS scholarship, you are ineligible for an award unless the state or entity submits a written statement to the IHS Scholarship Program Branch Chief indicating that:

- » There is no potential conflict in fulfilling your service commitment to the state or entity and the IHS Scholarship Program.
- » You will fulfill the IHS Scholarship Program service commitment before or concurrently (if applicable) with the service commitment for professional practice owed to the state or entity.

### *Veterans Benefits*

You may continue to receive education benefits from the US Department of Veteran Affairs (GI Bill) along with IHS scholarship funds since VA benefits were earned by prior active duty in a uniformed service.

# Application Instructions



## How to Apply

The [IHS Scholarship Program application](#) is designed to allow you to stop and start at your convenience, safely preserve your work throughout the application process and provide helpful links and hints to address common questions and applicant errors.

The online application, as well as any required supporting documentation, must be completed and sent electronically or postmarked by the US Postal Service no later than March 28, whether it is sent by you, your advisor or your school. If you submit materials via a commercial carrier such as FedEx or UPS, a legible, dated receipt is acceptable as proof of timely mailing instead of a postmark. The IHS Scholarship Program office will not accept private metered postmarks.

All supporting documentation that you send via postal mail or commercial carrier must be sent to the following address:

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

### Supporting Documentation

In addition to submitting your online application, you must submit the following documentation in support of your application:

- » [Documentation of American Indian Tribal or Alaska Native Village Membership](#)
- » [Letter of Acceptance/Proof of Application](#): You are required to provide documentation that you have applied to or have been accepted into an eligible Preparatory or Pre-Graduate scholarship degree program or a health profession program eligible for a Health Professions scholarship. The school may have provided this documentation in an email or letter.
- » [Official Transcripts](#): Transcripts must be submitted through the secure electronic transcript service your school uses or mailed in an official, sealed envelope with the college/university seal and/or registrar's signature. Only one transcript is required for each school you have attended.
- » [Curriculum for Major](#): This document can be found in your degree program catalog and provides an outline of the courses required for your major from the first year through your graduation.

The IHS Scholarship Program recommends that you make an additional copy of all your application materials to keep for your records.

**The following form is only required if a Faculty/Employer Evaluation is not completed as part of your online application:**

- » [Faculty/Employer Evaluation \(IHS-856-3\)](#) form: You must submit this form if your selected evaluator(s) cannot access the online form or would prefer to complete the form in writing.

Contact your [Area Scholarship Coordinator](#) or the [IHS Scholarship Program](#) if you have any questions.

*The information you provide on your application and supporting documentation might be investigated and any willful misrepresentation will be cause to reject your application for an IHS scholarship award. If a scholarship has been awarded, willful misrepresentation will make you liable for repayment of awarded funds. False statements may be punished as a felony under US code, Title 18, Section 1001.*

### APPLICATION DEADLINE

Meeting the March 28 application deadline — or ensuring that those who submit materials for you meet the deadline — is your responsibility. The Scholarship office will not grant an extension to those whose materials arrive electronically or are postmarked after the deadline.

## Apply Now

You can access the IHS Scholarship Program application through the [Apply Now](#) page of the IHS Scholarship Program website, where you will find the application deadline and program information and materials.

## Create Account/Applicant Login

### GOOD TO KNOW

You will encounter a system error when trying to create an account if you or someone you know has established an account in the past using your Social Security number (SSN). Use the [Forgot Password](#) link if you cannot remember the password you established to access your account. Contact your [Area Scholarship Coordinator](#) or a [Program Analyst](#) if you experience issues logging in to your account or have questions during the application process.

### First-time Applicants

Click “Create Account” to begin the application process. You will be asked to answer four questions to determine your eligibility to receive an IHS scholarship:

1. Choose your US citizenship or national status.
2. Confirm your status as a Tribal member or descendant and choose the name of your Tribe or Native village.
3. Confirm whether your cumulative grade point average (GPA) is a 2.0 or above.
4. State whether you’ve been convicted of a felony.

Based on your responses, the system will determine your eligibility and, if eligible, for which scholarship you are eligible to apply.

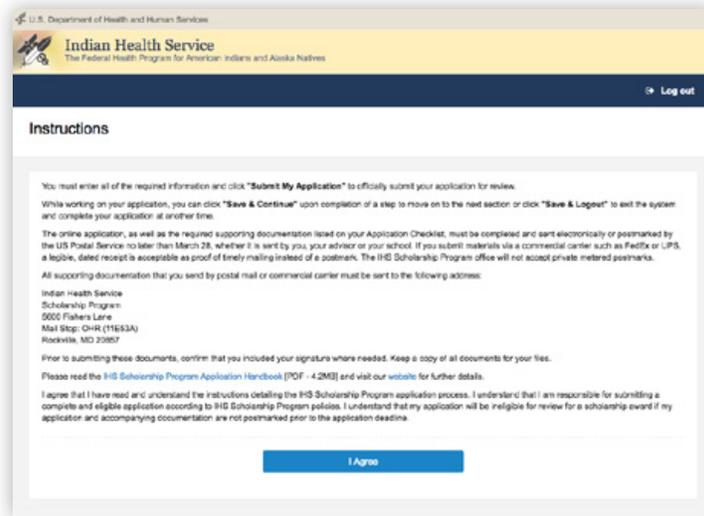
If you agree that you want to continue, you will be asked to enter the email address and password that you plan to use throughout the application process, as well as your Social Security number (SSN) and date of birth. An email will be sent to your email address to verify your account. You will need to open the email and click the verification link to confirm that the email address is correct before you continue with the application process.

### Returning Applicants

If you are a returning user, simply log in using the email address and password you entered when creating your account and you will be directed to the Instructions page of the application.

## Instructions

You must verify on the Instructions page that you understand the application process, documentation requirements and are aware of the application deadline in order to proceed with the application.



U.S. Department of Health and Human Services  
Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

Log out

### Instructions

You must enter all of the required information and click **"Submit My Application"** to officially submit your application for review.

While working on your application, you can click **"Save & Continue"** upon completion of a step to move on to the next section or click **"Save & Logout"** to exit the system and complete your application at another time.

The online application, as well as the required supporting documentation listed on your Application Checklist, must be completed and sent electronically or postmarked by the US Postal Service no later than March 28, whether it is sent by you, your advisor or your school. If you submit materials via a commercial carrier such as FedEx or UPS, a legible, dated receipt is acceptable as proof of timely mailing instead of a postmark. The IHS Scholarship Program office will not accept private metered postmarks.

All supporting documentation that you send by postal mail or commercial carrier must be sent to the following address:

Indian Health Service  
Scholarship Program  
5000 Fishers Lane  
Mail Stop: OHA (Y16133A)  
Rockville, MD 20857

Prior to submitting these documents, confirm that you included your signature where needed. Keep a copy of all documents for your files.

Please read the [IHS Scholarship Program Application Handbook \(PDF - 4.2MB\)](#) and visit our [website](#) for further details.

I agree that I have read and understand the instructions detailing the IHS Scholarship Program application process. I understand that I am responsible for submitting a complete and eligible application according to IHS Scholarship Program policies. I understand that my application will be ineligible for review for a scholarship award if my application and accompanying documentation are not postmarked prior to the application deadline.

I Agree



## Profile

The Profile page will provide the IHS Scholarship Program office with your contact information should the staff need to contact you during the application process. Your SSN is used solely to verify your identity, determine your eligibility for scholarship assistance and track any federal funds you have received in the past or are currently receiving.

Provide emergency contact information: The name, address and phone number of a relative or friend through whom we can reach you.

You will also be prompted to select an IHS Area office based on the proximity to either your home address or your college/university. The [Area Scholarship Coordinator](#) assigned to that office can be used as a resource throughout the application process, providing assistance with any questions you may have regarding the completion of your application or supporting documentation.

The screenshot shows the 'Profile' page of the Indian Health Service application system. The page is titled 'Profile' and includes a 'Save and Logout' button. A sidebar on the left contains navigation links: Profile, Degree Program, College/University, Educational Background, Course Curriculum Verification, Faculty/Employer Evaluation, Delinquent Federal Debt, Narrative Statements, and Confirmation of Information. The main content area is divided into several sections:

- Required field:** A red heading indicating that the following information is mandatory. Below it, a sub-heading reads 'Complete the required profile information'. The form includes fields for:
  - First Name: LINDA
  - Middle Name: SUSAN
  - Last Name: DEARCORFF
  - Social Security Number: [Redacted]
  - Date of Birth: 10/22/1987
  - Gender: Female
  - Phone 1: 088-665-0543
  - Phone 2: 015-507-4515
- Mailing Address:** Fields for:
  - Address Line 1: 2018 BUTTERWICK WAY
  - Address Line 2: [Empty]
  - City: MEDFORD
  - State: MASSACHUSETTS
  - Zip: 02153
- Alternate Mailing Address:** Fields for:
  - Address Line 1: [Empty]
  - Address Line 2: [Empty]
  - City: [Empty]
  - State: Please select
  - Zip: [Empty]
- Emergency Contact - Identify a person or relative through whom you can always be located.** Fields for:
  - First Name: [Empty]
  - Last Name: [Empty]
  - Current Address: [Empty]
  - City: [Empty]
  - State: Please select
  - Zip: [Empty]
  - Phone: [Empty]
- Area Scholarship Coordinator:** A section with the instruction 'Select the IHS Area Office that supports either your home state or the college/university you are attending.' The dropdown menu is set to 'MASSACHUSETTS - NASHVILLE'.

At the bottom of the form, there is a note: 'Remember, your email address is your login and is used for correspondence by the IHS Scholarship Program.' Below this note is a link for 'Change Email Address'. At the very bottom, there are two buttons: 'Save' and 'Save and Continue'. The footer of the page contains the text 'IHSAPP-001-001'.

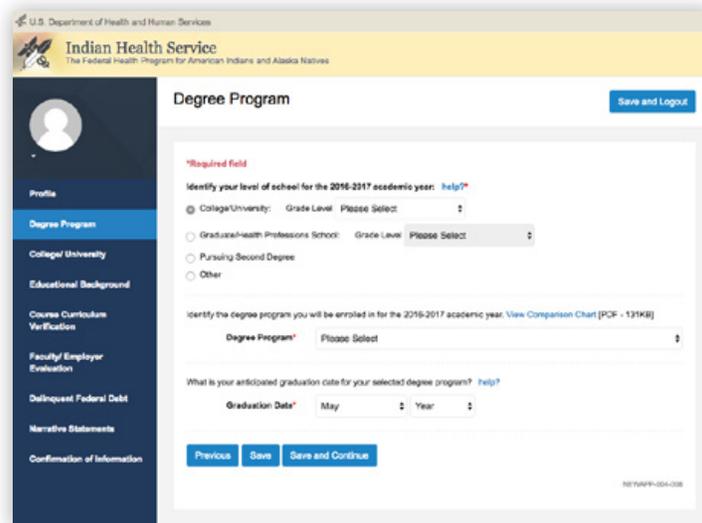
## Degree Program

Identify your degree or certificate program, your grade level for the next academic year and your anticipated graduation date.

When providing your anticipated graduation date, you should indicate the month and year you anticipate completing the degree related to the scholarship for which you applied. For example, if you are applying for the Preparatory scholarship as a freshman within a pre-nursing degree program, your graduation date should be the date you anticipate completing requirements to be eligible to apply for nursing school. Do not enter your graduation date as the expected completion of your nursing degree.

For example, if you begin your pre-nursing degree program as a freshman and are scheduled to complete your program at the end of your sophomore year, your graduation date should reflect the two years it will take to complete your requirements and apply for nursing school.

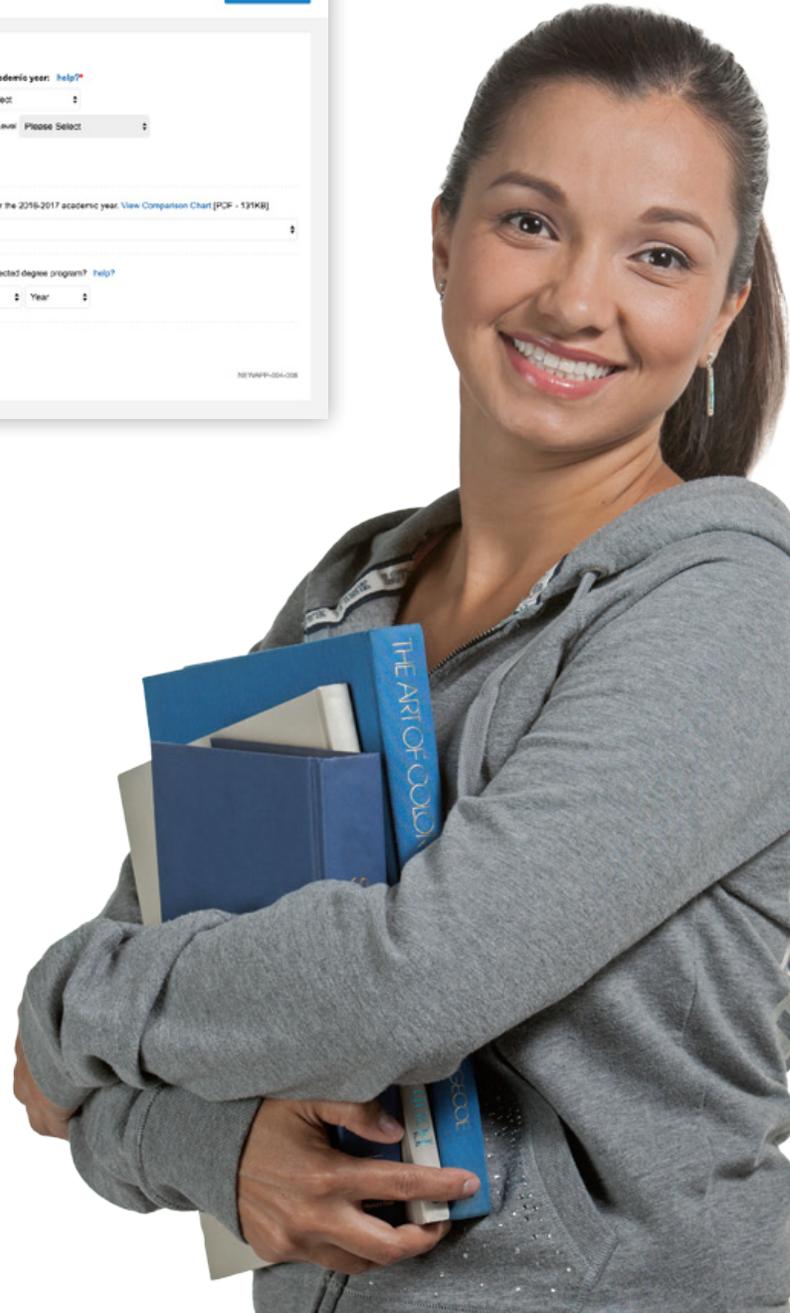
Use the “Help” link where indicated if you need further assistance.



The screenshot shows the "Degree Program" section of the Indian Health Service application. The header includes the U.S. Department of Health and Human Services logo and the text "Indian Health Service - The Federal Health Program for American Indians and Alaska Natives". A "Save and Logout" button is in the top right. A left sidebar contains navigation links: Profile, Degree Program (highlighted), College/University, Educational Background, Course Curriculum Verification, Faculty/ Employer Evaluation, Delinquent Federal Debt, Narrative Statements, and Confirmation of Information. The main form area is titled "Degree Program" and contains the following fields:

- \*Required field**
- Identify your level of school for the 2016-2017 academic year: [help?](#)
- College/University:  Grade Level:  Please Select:
- Graduate-level Professional School: Grade Level:  Please Select:
- Pursuing Second Degree
- Other
- Identify the degree program you will be enrolled in for the 2016-2017 academic year: [View Comparison Chart \[PDF - 131KB\]](#)
- Degree Program\*:  Please Select:
- What is your anticipated graduation date for your selected degree program? [help?](#)
- Graduation Date\*:  May  Year:

At the bottom of the form are buttons for "Previous", "Save", and "Save and Continue".



## College/University Information

This section will gather the following information:

- » The college/university in which you are:
  - Currently enrolled.
  - Accepted for enrollment.
  - Awaiting word on your application for enrollment.\*
- » Residency status.
- » Your enrollment status (full time or part time).

Use the “Help” link where indicated if you need further assistance.

\* If you are currently applying to more than one school, but have not been accepted for enrollment, you must enter information for the school that is your first choice to attend during the coming school year. Supporting documentation should be included for this school only. All other schools to which you have applied should be listed in the last question in this section. Include all schools that you will consider attending, regardless of whether you think you will be accepted. If approved for a scholarship award, your award will be rescinded if you choose to attend a school other than the school listed on your application.

The screenshot shows the 'College/University Information' section of the Indian Health Service application. The page header includes the U.S. Department of Health and Human Services logo and the Indian Health Service logo with the tagline 'The Federal Health Program for American Indians and Alaska Natives'. A navigation sidebar on the left lists various application sections, with 'College/University' currently selected. The main content area contains the following fields and instructions:

- Required field:** You are required to provide information on your current college/university or the college/university you plan on attending next academic year. If you are applying or have been accepted for enrollment at more than one school, you must enter the information for your preferred school. In the provided text box, include the names of any additional colleges where you have submitted an application or have been accepted for enrollment. You must be applying to study in the same degree program at each of these schools.
- Identify your enrollment status at your current or preferred college/university for the 2016-2017 school year.\***
  - Currently Enrolled
  - Accepted for Enrollment
  - Applied for Enrollment
- Identify the college/university in which you are currently enrolled, have been accepted for enrollment or to which you have applied for enrollment.\***
  - College/University: Name  Please Select
  - Other (if not listed above): Other Name
- List the names of the other schools where you have applied or where you have been accepted for enrollment:**
- College/University Location**
  - City\***
  - State\***  Please select
- Identify your residency status at the college/university you selected above.\***
  - Resident In-State
  - Non-Resident Out-of-State
  - School charges the same tuition and fees regardless of resident status
- Indicate your anticipated enrollment status for the 2016-2017 academic year.\***
  - Full Time
  - Part Time
- Indicate the anticipated number of credit hours you will be enrolled in for the 2016-2017 fall semester.**
  - Credit Hours\***

At the bottom of the form, there are three buttons: 'Previous', 'Save', and 'Save and Continue'. The footer of the page contains the identifier 'NIHSAPP-011-010'.

## Education Background

This section requires information about previous schools you've attended.

### College Students

If the college/university information that you provided in College/University Information is the only school you have attended, click "No" to move on to Course Curriculum Verification. If you have attended multiple schools, click "Yes" to add those schools. When you have added all past schools attended, click "Save and Continue" to move on to the next part of the application.

The screenshot shows the 'Higher Education Background' form. At the top, it says 'U.S. Department of Health and Human Services' and 'Indian Health Service - The Federal Health Program for American Indians and Alaska Natives'. The user's name is 'LINDA DEARDORFF'. The form title is 'Higher Education Background' with a 'Save and Logout' button. A red asterisk indicates a required field: 'Have you attended more than one college/university?' with 'Yes' and 'No' radio buttons. Below this, instructions state that information is required for all colleges/universities attended, and an official transcript is required for each. The form contains several input fields: 'College/University', 'City', 'State' (a dropdown menu), 'Dates Attended' (with 'From' and 'To' sub-fields for month and year), 'Credits Completed (hours)', 'Degree Earned' (a dropdown menu), and 'Month/Year Degree Was Obtained' (with month and year sub-fields). There is an 'Add College/University' button. At the bottom, there are 'Previous', 'Save', and 'Save and Continue' buttons. The ID number 'NEIAPP-005-011' is visible in the bottom right corner.

### High School Students

High school seniors and high school graduates without college experience will be prompted by the system to provide (on a different screen) information about their high school, years of attendance and date of graduation.

*Note: High school seniors must provide school information and a transcript from the high school from which they plan to graduate.*

The screenshot shows the 'High School Information' form. At the top, it says 'U.S. Department of Health and Human Services' and 'Indian Health Service - The Federal Health Program for American Indians and Alaska Natives'. The user's name is 'LINDA DEARDORFF'. The form title is 'High School Information' with a 'Save and Logout' button. A red asterisk indicates a required field: 'Enter the information of the high school from which you received your diploma.' The form contains several input fields: 'High School', 'City', 'State' (a dropdown menu), 'Year(s) Attended' (with 'From' and 'To' sub-fields for year), 'Year Graduated or Received GED' (a dropdown menu), and a 'Help?' link. Below these is a question: 'Have you attended a college/university or taken college courses?' with 'Yes' and 'No' radio buttons. There are 'Previous', 'Save', and 'Save and Continue' buttons at the bottom. The ID number 'NEIAPP-005-008' is visible in the bottom right corner.

## Course Curriculum Verification

This form must be completed as described below for your application to be considered for an award. You cannot substitute your Curriculum for Major or any other documentation of courses in place of this form.

You are required to list the courses in which you have enrolled or plan to enroll for every academic term (semester, quarter, trimester, etc.) during the upcoming school year. Include the course number, credit hours, course title and number of credit hours for each term. If your school does not assign credit hours, please indicate 0 (zero) in the credit hours column.

Even if you have not yet registered or courses have not been assigned, you must complete this form with a list of courses you plan to take, based on your degree program's Curriculum for Major. If you are awarded a scholarship, your list of projected courses will be compared against the Recipient's Initial Program Progress Report, which you will submit within 30 days of the beginning of each academic term to verify that you are taking the courses you need to graduate on time from your designated degree program.

Enter your advisor's or counselor's name and email address to send a system-generated email requesting verification of your course work. The Area Scholarship Coordinator serving your home state or the state in which the college/university is located can serve as a proxy advisor if you are transferring to a new school, have been out of school for an extended period, are a freshman who was home schooled or if you are unable to reach your advisor.

Note that courses not required for your degree program will not count toward determining your full-time or part-time enrollment status.

### GOOD TO KNOW

You are required to submit a Curriculum for Major in support of the classes listed on your Course Curriculum Verification form. This document can be found in your school's degree program catalog and provides an outline of the courses required for your major from the first year through your graduation.

U.S. Department of Health and Human Services  
Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

**Course Curriculum Verification** Save and Logout

**\*Required field**  
This form must be completed as described below for your application to be considered for an award. You cannot enter "see my Curriculum for Major" or use any other documentation of courses in place of completing this form.

Academic Year: 2016-2017  
College/University: University of North Dakota (ND)  
Enrollment Status: Part Time

To complete this form:

- Enter the number of academic terms in which you have enrolled or plan to enroll at your identified college/university.
- List the courses in which you have registered or in which you plan to register during each academic term (semester, quarter, trimester, etc.).
- Include the course numbers, credit hours, course titles and number of credit hours for each term. If your school does not assign credit hours, please indicate 0 (zero) in the credit hours column.
- You can add a course under each academic term by clicking the "Add" button.
- You can edit courses by clicking the "Update" or "Delete" buttons.

If you have not yet registered or courses have not been assigned, you must still complete this form with a list of courses you plan to take, based on your degree program's Curriculum for Major.

Any changes made after submitting this form will require you to resubmit it.

Number of Academic Terms (including summer school, if applicable):  Update

Previous Continue

8819894-01-13-008

## GOOD TO KNOW

You may provide a printout of the [Faculty/Employer Evaluation \(IHS-856-3\)](#) form to complete if one of your evaluators:

- Does not have email access.
- Did not receive the system-generated email when you submitted his or her contact information.
- Prefers to complete a hard copy form.

Be sure to submit the hard copies as part of your supporting documentation.

## Faculty/Employer Evaluation

Provide contact information for two evaluators who will receive a system-generated email containing a link to an online version of the [Faculty/Employer Evaluation \(IHS-856-3\)](#) form.

*Note: An evaluator cannot be related to you by blood or marriage and must attest to the accuracy of the evaluation. Any false representation is sufficient cause for rejection of your application.*

These evaluations are worth 30 percent of your final ranking. The IHS Scholarship Program office recommends that you select evaluators who hold a position with direct knowledge of your academic achievements (for example, professor, college department head, etc.). While evaluations from employers, friends, coworkers, etc., are accepted, they are not weighted as heavily as others.

The IHS Scholarship Program office recommends that you contact your chosen evaluators in advance to request permission to use them as references. Once you have received their permission, it is your responsibility to ensure that the evaluators you've selected have received and completed the online form by the deadline. A system-generated email will be sent to your evaluators immediately upon your submission of their contact information. You should follow up with your evaluators to confirm that they received the email. If it is not in their inbox, ask that they check their computer's Junk mail or Spam folder.

U.S. Department of Health and Human Services  
Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

### Faculty/Advisor Evaluation

[Save and Logout](#)

**\*Required field**

Please provide contact information for two faculty members or advisors who can adequately evaluate you in:

- Situation/work achievement
- Relationships with people
- Potential to work as a health professional

The IHS Scholarship Program recommends that you contact your chosen evaluators to request permission to use them as references. Evaluators may not be related to you by blood or marriage.

Your evaluators will receive a system-generated email requesting their participation immediately upon submitting their contact information. You should follow up with your evaluator(s) to confirm that they received the email. If it is not in their inbox, ask that they check their Junk or Spam folder.

If an evaluator does not have online access or would prefer to complete a printed form, please insert your email address with the appropriate evaluator information and then download a copy of the [Faculty/Advisor Evaluation \(IHS-856-3\)](#) (PDF - 53K) form for them to complete.

It is your responsibility to ensure that the online or printed forms are submitted to the IHS Scholarship Program office by the application deadline.

**Evaluator #1**

First Name\*

Last Name\*

Email Address\*

Phone Number\*

[Submit Evaluator](#)

**Evaluator #2**

First Name\*

Last Name\*

Email Address\*

Phone Number\*

[Submit Evaluator](#)

[Save](#) [Save and Continue](#)

## Delinquent Federal Debt

This step provides you an opportunity to identify whether you are past due on any scheduled payments of federal debt you have incurred. Federal debt includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS does not consider deferred loans to be delinquent.

### GOOD TO KNOW

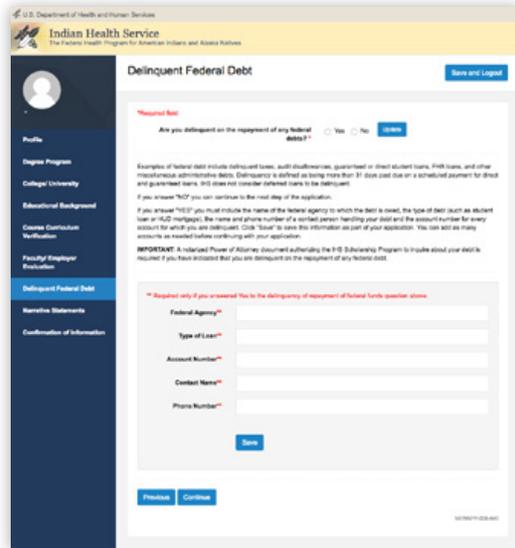
If you are delinquent on payment of any federal debt, you are required to provide a notarized Power of Attorney document authorizing the release of information to the IHS Division of Grants Management to inquire about your delinquent federal debt (for example, unpaid federal taxes, guaranteed or direct student loans, FHA loans, etc.). IHS will not consider your application if you do not include this authorization.

Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO" you can continue to the next step of the application.

If you answer "YES" you must include the name of the federal agency to which the debt is owed, the type of debt (such as student loan or HUD mortgage), the name and phone number of a contact person handling your debt and the account number for every account for which you are delinquent. Click "Add Account" to document additional types of delinquent federal debt under your name.

Additionally, you are required to provide a notarized Power of Attorney document (in some cases, the federal agency may require you to use its own Power of Attorney document) authorizing the release of information to the IHS Division of Grants Management to inquire about your debt. This document must be submitted as part of your supporting documentation. IHS will not consider your application if you do not include this authorization. Contact the [IHS Division of Grants Management](#) if you have questions regarding this requirement.



I, \_\_\_\_\_ of \_\_\_\_\_

do hereby authorize the IHS Division of Grants Operations \_\_\_\_\_

to inquire on my debt to the \_\_\_\_\_, for my benefit to remain eligible as

an IHS scholarship applicant.

This Power of Attorney is granted for a period of one year and shall become effective on \_\_\_\_\_

and shall terminate on \_\_\_\_\_.

Specified Date

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

[day] [month]

[print name]

Notary Acknowledgement

State of \_\_\_\_\_; County of \_\_\_\_\_.

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_,

[day] [month]

the undersigned officer, personally appeared \_\_\_\_\_,

known to me or proven satisfactorily to be the person whose name is subscribed to the within instrument,

and acknowledge that he or she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my name and official seal.

\_\_\_\_\_

[signature of notary]

My Commission Expires: \_\_\_\_\_

[insert official seal]

## Narrative Statements

Describe your reasons for requesting a scholarship, state your career goals and explain how your goals will help meet the health care needs of American Indians and Alaska Natives.

Your essays are worth 30 percent of your ranking, so you should be descriptive, use correct grammar and organize your information clearly. Prepare your essays in advance and then copy and paste your entries into the appropriate fields. The text boxes on this screen provide unlimited space.

U.S. Department of Health and Human Services  
Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

Narrative Statements Save and Logout

**\*Required field**  
Prepare essays addressing the three questions below. The text boxes on this screen provide unlimited space. It may be helpful to prepare your statements in advance and then copy and paste them into the appropriate fields.

**HELPFUL HINTS**  
Below are helpful hints to guide you through completion of your statements. These statements make up 30 percent of your score, so it is important to organize your thoughts, be descriptive, and use correct grammar.

1. The IHS Scholarship Program does not provide scholarship awards due to financial hardships. When providing an explanation as to why you are requesting a scholarship, do not indicate that you are in need of financial assistance.
2. You should include in your statements how you are going to give back to the community. A prerequisite of all IHS Scholarship Program applicants is that you intend to serve Indian people in your chosen health profession.
3. Include any information on participation or achievements in health-related fields.
4. Provide insight into what led you to pursue a career as a health professional.
5. Provide examples of your involvement in tribal activities.

Explain why you are requesting this scholarship.\*

State your career goals.\*

Explain how these goals will help to meet the health needs of American Indians and Alaska Natives.\*

Previous Save Save and Continue

HCRAAPP-208-430

### HELPFUL HINTS

Below are some helpful hints to guide you through the completion of your narrative statements.

1. Scholarships are not awarded for financial hardship. When explaining why you are requesting a scholarship, do not indicate that you are interested because you need financial assistance.
2. A prerequisite for all IHS Scholarship Program applicants is that you intend to serve Indian people as a health professional in your chosen specialty. You should include statements about how you plan to give back to the community.
3. Include any information about your participation or achievements in a health-related field.
4. Provide insight into what motivates you to pursue a health care career.
5. Before you start writing, make a list of all the points you want to include in your statements (see above). After writing a first draft, check to make sure you addressed every point.

**GOOD TO KNOW**

If time allows prior to the application deadline, a Program Analyst will contact you to correct any errors or omissions in your online application or supporting documentation. It is your responsibility to resubmit your online application or corrected supporting documentation prior to the March 28 deadline.

**Confirmation of Information**

Review your application before submitting the online portion.

Required information that is missing is noted with a red asterisk. Use the navigation bar or the “Previous” button to return to the areas of your application that are incomplete.

Once you have verified that your information is accurate and your application is ready to be submitted, click “Next” to continue to Submit Application.

U.S. Department of Health and Human Services  
Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

Confirmation of Information - Page 1 Save and Logout

**\*Required Fields:** You must complete all areas appearing in red below (if applicable) prior to confirming this screen.

**Profile** Edit

**Applicant Information**

Name: DEARDORFF, LINDA SUSAN  
Social Security Number: 234-05-7891  
Date of Birth: 10/22/1987  
Gender: Female  
Email: karen.lonsome+new@homecreativegroup.com  
Phone 1: 001-905-9543  
Phone 2: 001-507-4515  
IHS Area Office: MASSACHUSETTS - NASHVILLE

**Mailing Address**

Address: 20318 BUTTERWICK WAY  
City: MEDFORD  
State: MA  
Zip: 02120

**Alternate Mailing Address**

Address: 20318 BUTTERWICK WAY  
City: MEDFORD  
State: MA  
Zip: 02120

**Emergency Contact**

Contact Name: Susan, Linda  
Street Address: 20318 BUTTERWICK WAY, MEDFORD, MA 02120  
Contact Phone: 001-123-4567

**Eligibility**

United States Citizen or National: Yes  
Native Origin: American Indian  
Tribal Membership Status: Member of a federally recognized tribe or Alaskan village.  
Tribe/Village: JICARILLA APACHE NATION, NEW MEXICO

**Degree Program** Edit

Grade Level for 2016-2017: College/University: Freshman  
Degree Program: PHYSICAL THERAPIST  
Anticipated Final Graduation Date: 05/2019

Anticipated Final Graduation Date: 05/2019

**College/University** Edit

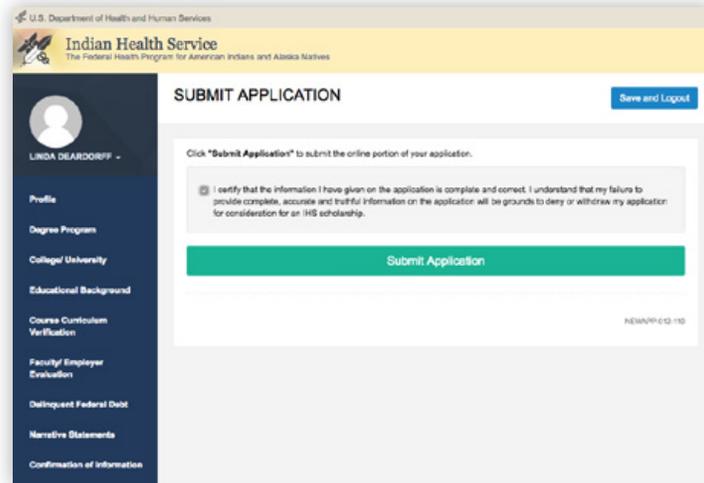
**College for Scholars'hip Application**

Enrollment Status: Currently Enrolled  
College/University Name: University of North Dakota (ND)  
College/University Location: Grand Forks ND  
Resident Status: Non Resident/OUT-OF-STATE  
Enrolled Credits Status: Full Time  
Number of Credit Hours: 15

## Submit Application

You must complete this step to officially submit your application through the online system. The system will ask you to confirm that you completed the application and that the information you provided is accurate. Your confirmation will also serve as your electronic signature.

If you need to make changes to your application prior to the March 28 deadline, please contact the [IHS Scholarship Program office](#) to have your application unlocked. After making any changes, you will need to resubmit your application.

The screenshot shows the 'SUBMIT APPLICATION' page of the Indian Health Service online application system. The page header includes the U.S. Department of Health and Human Services logo and the Indian Health Service logo. The user's name, LINDA OLARDORFF, is displayed in the top left. A sidebar menu on the left lists various application sections: Profile, Degree Program, College/University, Educational Background, Course Curriculum Verification, Faculty/ Employer Evaluation, Delinquent Federal Debt, Narrative Statements, and Confirmation of Information. The main content area is titled 'SUBMIT APPLICATION' and contains a 'Save and Logout' button in the top right. Below the title, there is a confirmation box with a checkbox and the text: 'I certify that the information I have given on the application is complete and correct. I understand that my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my application for consideration for an IHS scholarship.' A large green 'Submit Application' button is centered below the confirmation box. The page number 'NEWAPP-12-110' is visible in the bottom right corner.

## Next Steps

Once your application is submitted, the online system will prompt you to print a copy of the application and Application Checklist, as well as the system-generated confirmation page, to keep for your files.

Use your Application Checklist for assistance with submitting all required supporting documentation.

*Please note: if you are a returning applicant, some changes have been made to the online application and documentation requirements.*

1. Only one copy of your supporting documentation is required.
2. Original signatures in blue or black ink are not required. All documents requiring a signature must be signed, but the program will now accept scanned or faxed copies.
3. You do not need to include a copy of your application or Application Checklist as part of your supporting documents.
4. The **Course Curriculum Verification (CCV)** form is now part of the online application. A digital version of this form is needed only if your advisor is not able to verify and submit the form through the online system.
5. A printed copy of the **Delinquent Federal Debt** form is no longer required in addition to the information provided in your online application. However, a digital version of this form is available if you need to notify the program of any delinquent federal debt that you did not identify before submitting your application.

You can also log in to your application account to check the status of the documents on your checklist to see if they have been received.



## Documentation of American Indian Tribal or Alaska Native Village Membership

### **Form BIA-4432**

A copy of a [Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service](#) (Form BIA-4432)\* is the preferred documentation to verify your membership status with a federally recognized Tribe or Alaska Native village.

### **Federally Recognized Tribes or Alaska Native Villages**

#### **American Indian Tribal Members**

Members of federally recognized American Indian Tribes who cannot complete a Form BIA-4432 must submit one of the following pieces of documentation. Your Tribal enrollment number must be recorded on the document you select in order for the program to verify your membership status.

- » Tribal Enrollment Card\*
- » Certificate of Degree of Indian Blood (CDIB)\*

#### **Alaska Native Village Members**

Members of Alaska Native villages who cannot complete a Form BIA-4432 must provide at least two of the following forms of documentation. Your Tribal enrollment number must be recorded on at least one of the documents you select in order for the program to verify your membership status.

- » Tribal Enrollment Card\*
- » Certificate of Degree of Indian Blood (CDIB)\*
- » Other official documentation listing name, blood quantum, status (original enrollee, descendant, etc.)

#### **Descendants**

Descendants of federally recognized Tribal members who cannot complete a Form BIA-4432 must provide the following documentation:

1. A copy of your birth certificate.
2. The birth or death certificate of your parent(s) or grandparent(s) who is (are) an enrolled member(s) of the Tribe with whom you're establishing descendant status.
3. A copy of either of your parents' or grandparents' enrollment documentation (Form BIA-4432 or Tribal Enrollment Card).

*\* Do not submit an original Form BIA-4432, Tribal Enrollment Card or CDIB — You will need to keep these for your personal records. Contact the Bureau of Indian Affairs or your local Tribal official(s) if you need assistance.*

### *State-Recognized/Terminated Tribes*

#### **Tribal Members**

If you are a member of a state-recognized Tribe or a Tribe terminated since 1940, you must provide official documentation that you meet the requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe. You must also provide evidence of official Tribal designation via signed documentation by an authorized Tribal official or other evidence, satisfactory to the Secretary of the Interior, stating that you are a member of the Tribe. In addition, if the terminated or state-recognized Tribe of which you are a member is not on a list of Tribes published by the Secretary of the Interior in the Federal Register, you must submit an official signed document that the Tribe has been terminated since 1940 or is recognized by the state in which the Tribe is located in accordance with the law of that state.

#### **Descendants**

Descendants of state-recognized Tribal members must submit the following documentation:

1. A copy of your birth certificate.
2. The birth or death certificate of your parent(s) or grandparent(s) who is (are) an enrolled member(s) of the Tribe with whom you're establishing descendant status.
3. Evidence of either of your parents' or grandparents' Tribal membership in accordance with the paragraphs above.

You must clearly document your relationship to the Tribal member.

Contact the [Bureau of Indian Affairs](#) or your local Tribal official if you need assistance.



## Curriculum for Major

You are required to submit a Curriculum for Major in support of the classes listed on the Course Curriculum Verification form you completed as part of your online application. This document can be found in your school's degree program catalog and provides an outline of the courses required for your major from the first year through your graduation.

The program will compare the Curriculum for Major against the courses you identified on your Course Curriculum Verification form to determine if you identified the type of courses required to complete your degree and graduate by the date you identified.

Preparatory and Pre-Graduate scholarship applicants must document that your Curriculum for Major will lead to acceptance into a corresponding Health Professions scholarship degree program (for example, a pre-pharmacy curriculum will result in acceptance to a pharmacy school).

ELEANOR MANN SCHOOL OF NURSING UNIVERSITY OF ARKANSAS FAYETTEVILLE, ARKANSAS BACCALAUREATE NURSING PROGRAM CURRICULUM PLAN GENERIC				
<b>FRESHMAN YEAR</b>		<b>SOPHOMORE YEAR</b>		
<b>Semester I</b>		<b>Semester I</b>		
COURSE	HOURS	COURSE		HOURS
ENGL 1013 Composition I	3	*Social Science (except HESC 1403)		3
MATH 1203 College Algebra (or higher)	3	HESC 1403 Life Span Development		3
BIOL 1543 /BIOL 1541L Principles of Biology	4	*U.S. History		3
CHEM 1074 /1071L Fundamentals of Chemistry	5	ENGL 2003 Advanced Composition (or Exempt)		0-3
	15	BIOL 2213 & 2211L Human Physiology w/Lab		4
		Elective		1-4
				17
<b>Semester II</b>		<b>Semester II</b>		
ENGL 1023 Composition II	3	PHIL 2003; 2103, or 3103		3
*Social Science (except HESC 1403)	3	Intro to Philosophy, Ethics, or Medical Ethics		3
NURS 2022 Intro to Professional Nursing Concepts	2	*Fine Arts or Humanities (select from category a), c), or d))		3
BIOL 2443 & 2441L Human Anatomy w/Lab	4	BIOL 2013 /2011L Microbiology w/Lab		4
Elective	3	NURS 2032 Therapeutic Communication		2
	15	NERS 3012 Nursing Informatics		2
		EDFD 2403 Statistics in Nursing, PSYC2013 or STAT2303		3
				17
* Core areas must be completed as outlined in Catalog of Studies NOTE: This Eighth Semester Plan does not comply with the ACT 1014 requirements. Nursing requires admission following pre-professional study so graduation cannot be guaranteed to new freshmen.				
<b>GENERIC NURSING BSN CURRICULUM PROGRAM PLAN PROFESSIONAL PROGRAM OF STUDY</b>				
<b>JUNIOR YEAR</b>		<b>SENIOR YEAR</b>		
<b>Semester I</b>		<b>Semester I</b>		
COURSE	HOURS	COURSE		HOURS
NURS 3212 Teaching and Health Promotion	2	NURS 4154 Nursing Concepts: Child and Family		4
NURS 3313 Pharmacology	3	NURS 4164 Professional Role Implementation IV: Teacher		4
NURS 3314 Pathophysiology	4	NURS 4242 Management in Nursing		2
NURS 3321L Health Assessment	1	NURS 4263 Nursing Concepts: Older Adult		3
NURS 3422 Nursing Concepts: Foundations	2	NURS 4273 Professional Role Implementation V: Manager		3
NURS 3424 Professional Role Implementation I: Caregiver	4			16
	16			
<b>Semester II</b>		<b>Semester II</b>		
NURS 3634 Nursing Concepts: Adult Health	4	NURS 4443 Nursing Concepts: Critical Care		3
NURS 3643 Professional Role Implementation II: Caregiver	3	NURS 4453 Professional Role Implementation VI: Role Synthesis		3
NURS 3742 Nursing Concepts: Mental Health and Illness	2	NURS 4603 Nursing Concepts: Communities		3
NURS 3752 Professional Role Implementation III: Caregiver	2	NURS 4613 Professional Role Implementation VII: Role Synthesis		3
NURS 3841L Professional Nursing Skills – Advanced	1	NURS 4712 Seminar in Professional Nursing		2
NURS 3842 Research in Nursing	2			14
	14			
NOTE: This curriculum is subject to change without notice.				
<b>Total for Bachelor of Science in Nursing: 124 credit hours</b>				

## Letter of Acceptance/Proof of Application

You must submit a letter of acceptance or proof of application as part of your supporting documentation. If you are already admitted or are attending school, submit a letter, signed by an appropriate school official, indicating that you are eligible for enrollment in the academic year for which you are applying for scholarship funding.

**Preparatory and Pre-Graduate Scholarship Applicants:** A letter of general acceptance into the school will satisfy this requirement.

**Health Professions Scholarship Applicants:** You are required to submit the most current letter of acceptance that you have received documenting your acceptance into a health profession degree program. A letter of general admission to your college/university is not acceptable.

The Scholarship Program will not accept proof of enrollment through the National Student Clearinghouse in lieu of an original letter of acceptance or proof of application.

If you have applied to more than one school and are waiting for acceptance from any one of them, you must include a letter from your first-choice school stating that your application for admission has been received. This letter must include the date you will receive formal acceptance (if accepted). The program must receive your official letter of acceptance no later than May 31.

**Preparatory and Pre-Graduate Scholarship Letter of Acceptance is for example purposes only.**

**Health Professions Scholarship Letter of Acceptance is for example purposes only.**



ARIZONA STATE UNIVERSITY

January 11, 2015 ASU ID: 982517324

Dear (Student Name),

It is my pleasure to inform you that you have been admitted to Arizona State University, an academic community nationally recognized for innovative programs, distinguished faculty, and an outstanding campus environment. I commend you for selecting ASU as your pathway to success and welcome you to the university community.

Please review the enclosed information carefully as it contains your term of admission, entry level, college and major, conditions of admission, and a summary of any transfer credits granted. If you have questions about this information, you may call the Undergraduate Admissions Office at 479.961.7721.

Arizona State University is committed to providing you with all of the necessary resources to help you make the most of your college experience. Taking advantage of these resources and completing all of the necessary steps before enrollment will enhance your ability to succeed.

Congratulations again on your admission to Arizona State University! I look forward to seeing you on campus.

Sincerely,

Dean  
Arizona State University

UNDERGRADUATE ADMISSIONS  
Tempe, AZ 85287-0112  
www.asu.edu/admissions



UNIVERSITY OF  
ARKANSAS

Eleanor Mann School of Nursing  
College of Education and Health Professions 217 Ozark Hall  
Fayetteville, Arkansas 72701  
(479) 575-3904  
(479) 575-3218 (FAX)

February 6, 2015

To whom it may concern,

(Student Name) is enrolled in the Eleanor Mann School of Nursing at the University of Arkansas. (Student Name) began her first semester in the program as of January, 2015. She will continue in the program for the fall semester.

Thank you,

Professor and Director  
Eleanor Mann School of Nursing

The University of Arkansas is an equal opportunity/affirmative action institution.

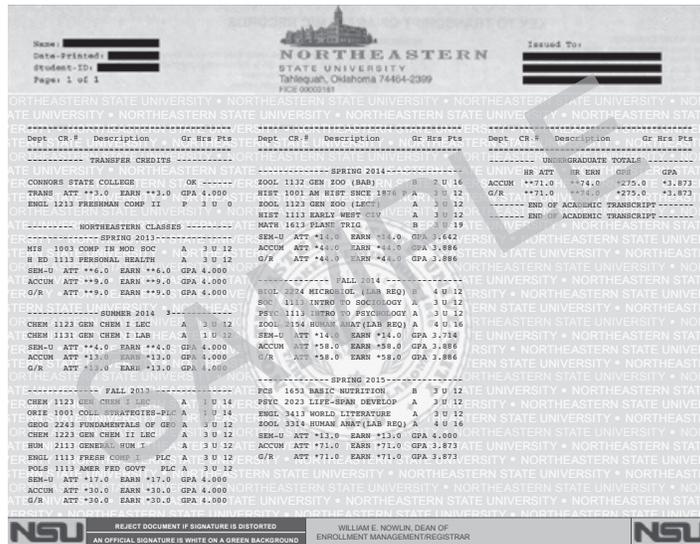


## Official Transcripts

### College/University Transcripts

You must submit an official transcript for every college/university listed on your Application Checklist. Official transcripts can be sent by mail or through the secure electronic transcript service your school uses. Schools must send electronic transcript requests to [scholarship@ihs.gov](mailto:scholarship@ihs.gov).

If you choose to mail your official transcripts, they must arrive in a sealed envelope with the institutional seal and/or the signature of the registrar. Do not remove them from your institution's original mailing envelope. Transcripts that appear to have been handled or altered in any way are not accepted. Copies of official transcripts or electronically produced grade reports are not accepted.



### GOOD TO KNOW

The [Faculty/Employer Evaluation \(IHS-856-3\)](#) form is required with your supporting documentation only if one (or both) faculty/employer evaluation(s) are not submitted through the online application system.

### High School Transcripts

You must submit an official transcript from your graduating high school in a sealed envelope. If you did not graduate from high school, submit a copy of an official document that verifies high school equivalency.

## Faculty/Employer Evaluation

The [Faculty/Employer Evaluation \(IHS-856-3\)](#) form is only required as part of your application documents if an evaluator cannot or does not complete the online form.

If you need to submit a hard copy form, the IHS Scholarship Program recommends that you select faculty and employer personnel who can evaluate your school/work performance. Please contact your chosen evaluators to request their permission to use them as a reference. Once permission is received, provide a form to each evaluator. Make sure the evaluator signs the form, including the Statement of Conflict of Interest, certifying that he or she isn't related to you by blood or marriage and can attest that the evaluation provided is accurate. Any false representation is sufficient cause for rejection of your application.

# Contact Information



This section describes key personnel involved with your scholarship award. The IHS Scholarship Program staff has an interest in your success and is ready to help.





## Branch Chief

The IHS Scholarship Program Branch Chief is responsible for the coordination of the programmatic aspects for the scholarship sections of P.L. 94-437, Title I and for the activities of the Program Analysts. Additionally, the IHS Scholarship Program Branch Chief serves as the authority on programmatic issues and decisions.

## Program Analysts

IHS Scholarship Program Analysts are responsible for the coordination of the various scholarship program functions and processes. As part of this responsibility, they work with you to ensure compliance with your obligations and/or liabilities. The Program Analysts monitor the deferment and completion of your service commitment. In addition to these duties, they work with the Division of Grants Management on matters dealing with payments, applications/awards and related processing. Program Analysts track and record data pertaining to you and monitor your academic progress to ensure compliance while you are in school. They also maintain ongoing communications with the Area Scholarship Coordinators, as well as with other IHS components, governmental agencies and Tribal organizations.

## Area Scholarship Coordinators

The Indian Health Service is composed of 12 Area offices, each with a designated Area Scholarship Coordinator (ASC). An ASC serves as a scholarship applicant and recipient resource for technical and programmatic questions, monitoring your academic performance and assisting you in finding a position upon completion of your academic or post-graduate clinical training.

## Discipline Chiefs

Discipline Chiefs serve as a program resource for scholarship recipients and assist with extern and service commitment placements.

## Chief Grants Management Officer

The Chief Grants Management Officer is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility.

## Grants Scholarship Coordinator/Management Specialist

The Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These functions include the processing of tuition payments, monthly stipend payments and financial documentation.

## Extern Program Coordinator

The Extern Program Coordinator is responsible for the following activities:

- » Verifying and reconciling data on all externs.
- » Establishing and maintaining cooperative and ongoing communications with Area Scholarship Coordinators, as well as other IHS components, government agencies and Tribal organizations to ensure that externs are in compliance with IHS Scholarship Program requirements.

## Default Waiver Coordinator

The Default Waiver Coordinator monitors the default/waiver functions of the IHS Scholarship Program.

## Health Professions Support Branch Chief

The Health Professions Support Branch Chief is responsible for the coordination of all recruitment and retention activities for IHS health professionals.



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

IHS Scholarship Program: (301) 443-6197  
Division of Grants Management: (301) 443-0243

[www.ihs.gov/scholarship](http://www.ihs.gov/scholarship)



## Application Handbook 2016 – 2017

