

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
ANNUAL STATUS REPORT**

RECIPIENT'S NAME	DEGREE PROGRAM
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ADDRESS	PHONE: CELL HOME
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IHS AREA OFFICE	EMAIL ADDRESS
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**ASSIGNMENT:** Indian Health Service                      Urban Indian Health Program  
Private Practice    Tribal Facility

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

MY CURRENT POSITION TITLE: \_\_\_\_\_

FIRST DAY OF PRACTICE: \_\_\_\_\_

YEARS REMAINING OF SERVICE COMMITMENT: \_\_\_\_\_

You are required to submit a leave report summary, provided by your local Human Resources Department, with this form documenting your leave taken over the past 12 months of employment.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE'S SIGNATURE	DATE
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SUPERVISOR'S TITLE (Print)	PHONE
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SUPERVISOR'S SIGNATURE	DATE
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**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0006. This information collection is for the purposes of the Indian Health Service Scholarship Program to provide Preparatory, Pre-graduate, and Health Professions Scholarships to students pursuing health professions education and training and the information collected will be used to identify qualified American Indian/Alaska Native students. The time required to complete this information collection is estimated to average less than 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to obtain or retain a benefit (25 U.S.C. § 1613 and 25 U.S.C. § 1613a) and is subject to Privacy Act safeguards, 5 U.S.C. § 552a(e)(4) and the nature and extent of confidentiality is set forth in the Privacy Act and SORN # 09-17-0002, described at 74 FR 50222 (September 30, 2009). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, IHS Information Collections Clearance Officer, 5600 Fishers Lane, Mail stop: 09E70, Rockville, MD 20857..

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