

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
CHANGE OF NAME OR ADDRESS**

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

INDICATE THE CHANGE YOU WOULD LIKE TO MAKE: NAME ADDRESS

NEW NAME: _____

If you have officially changed your name, you must attach the appropriate legal documentation (for example, marriage certificate).

If you are changing your address, complete the section below. Please note that a change of address that is processed after the 10th of the month will not take affect until the following month.

NEW ADDRESS: _____

_____ City _____ State _____ Zip Code

NEW PHONE: Cell Home _____

DATE OF CHANGE: _____

CHECK THE APPROPRIATE BOX:

- I am enrolled in an undergraduate/graduate degree program.
- I am completing an IHS-approved post-graduate clinical training program.
- I am fulfilling my service commitment.

RECIPIENT'S SIGNATURE	DATE
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Return to:
Indian Health Service
Scholarship Program
5600 Fishers Lane
Mail Stop: OHR (11E53A)
Rockville, MD 20857

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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 8 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.
