DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 10/31/2023

See Estimated Average Burden Time per Response on page 1.

PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM I OST STIPFND PAYMENT

LOST STIPEND PAYMENT		
RECIPIENT'S NAME	DEGREE PROGRAM	
ADDRESS		PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS	
Attention Grants/Financial Management:		
l did not receive my Electronic Funds Transfer (E	•	
the month of	I believe the EFT was i	not received for the following reason:
Please trace and reissue as soon as possible.		
RECIPIENT'S SIGNATURE		DATE
	Debugs to	
Sch 56 Mail S	Return to: ian Health Service nolarship Program 600 Fishers Lane Stop: OHR (11E53A) ckville, MD 20857	
Reviewed (IHS use only): Grants Scholarship Coordinator		
ESTIMATED AVERAGI	E BURDEN TIME PEI	R RESPONSE
Public reporting burden for this collection of infor time for reviewing instructions, searching existing the collection of the collection		

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.

IHS-856-19 EF