

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTICE OF IMPENDING GRADUATION**

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

**GRADUATION DATE** (month/day/year): \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**TYPE OF DEGREE:** \_\_\_\_\_

Have you begun your job search?    Yes    No

Have you contacted an IHS recruiter, your Program Analyst or your Discipline Chief for assistance?    Yes    No

Have you applied for placement at an IHS, Tribal or Urban Indian Program facility?    Yes    No

Do you need assistance seeking placement to fulfill your service commitment?    Yes    No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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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 10 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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