

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT**

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

SCHOLARSHIP: Preparatory Pre-Graduate Health Professions

ACADEMIC TERM: Fall Winter Spring Summer

 Semester Quarter Trimester

ENROLLMENT STATUS: Full-time Part-time

CLASS ENROLLMENT: Attach an official university printout of the courses in which you are currently enrolled or list the courses below.

COURSE NUMBER	COURSE TITLE	HRS.	COURSE NUMBER	COURSE TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I will participate in the following special activities in my school or community:

I have encountered the following problems with my school, community or scholarship:

Activities that will affect my status in the coming months include:

Required signature on back of this form

Additional comments:

STUDENT'S SIGNATURE		DATE
ADVISOR OR REGISTRAR NAME (Print)	POSITION TITLE	DATE
ADVISOR OR REGISTRAR SIGNATURE	PHONE: CELL	OFFICE

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.
