

REPEAT/CURRICULUM REQUIRED COURSE WORK
 (Please include all courses required)

SUMMER SESSION I:

FROM _____ TO _____

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

SUMMER SESSION II:

FROM _____ TO _____

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

FUNDING REQUESTED (Must include tuition amount for each session):

	SUMMER SESSION I	SUMMER SESSION II
TUITION	_____	_____
FEES	_____	_____
TOTAL	_____	_____

YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.

RECIPIENT'S SIGNATURE	DATE
ADVISOR'S NAME (Print)	DATE
ADVISOR'S SIGNATURE	PHONE:

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 6 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.
