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

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 01/31/27

See Estimated Average Burden Time per Response on page 2.

PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM SUMMER SCHOOL REQUEST

			TOOL HEQUEUR			
RECIPIENT'S NAME			DEGREE PROGRAM			
ADDRESS				PHONE: CELL	HOME	
HS AREA OFFICE			EMAIL ADDRESS			
SCHOLARSHIP: Preparatory	Pre-C	Graduate	Health Professions			
TYPE OF SUMMER SCHOOL RE	QUEST:	Year Round (Repeat/Curri	Curriculum culum Required Cour	rse Work		
ENROLLMENT STATUS: Full-t	ime	Part-time				
EXPLAIN YOUR REQUEST FOR A	PPROVAL 7	TO ATTEND SU	JMMER SCHOOL: _			
			CURRICULUM Il courses required)			
SUMMER SESSION I:			FROM		TO	
COURSE NUMBER	TITLE					HRS.
	_					
SUMMER SESSION II: COURSE NUMBER	TITLE		FROM		то	HRS.
	_					
	_					
	_					

Required signature on back of this form

IHS-856-21 EF

REPEAT/CURRICULUM REQUIRED COURSE WORK (Please include all courses required)						
SUMMER SESSION I:		FROM	TO	TO		
COURSE NUMBER	TITLE			HRS.		
SUMMER SESSION II: COURSE NUMBER	TITLE	FROM	то	HRS.		
FUNDING REQUESTED (Must ind	clude tuition amount for each session): SUMMER SESSION I	SUMMER SI	ESSION II			
TUITION						
FEES						
TOTAL						
RECIPIENT'S SIGNATURE ADVISOR'S NAME (Print)				DATE		
ADVISOR'S SIGNATURE		PHONE:				
	Return to:	<u>'</u>				

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.