

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM  
 ACADEMIC YEAR 2008-2009 APPLICATION CHECKLIST**

The applicant must complete and forward this sheet with the application and required documents.  
 Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	CAREER CATEGORY
SOCIAL SECURITY NUMBER	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT?     Yes     No  
 If "Yes", enter below:  
 CAREER CATEGORY \_\_\_\_\_ SECTION \_\_\_\_\_

TYPE OF NEW APPLICATION     Health Preparatory     Pregraduate     Health Professions

ALL APPLICANTS:	<i>NEW</i>
1. Application Checklist .....	<input type="checkbox"/>
2. Application Form IHS-856 .....	<input type="checkbox"/>
3. Letter of Acceptance from College/Proof of Application to Health Professions Program .....	<input type="checkbox"/>
4. Official Transcripts for All Colleges Cumulative GPA: Applicant's Calculation: _____ .....	<input type="checkbox"/>
5. Documentation for American Indian/Alaska Native Eligibility .....	<input type="checkbox"/>
6. Two Faculty/Employer Evaluations with original signatures .....	<input type="checkbox"/>
7. Reason for Requesting Scholarship .....	<input type="checkbox"/>
8. Delinquent Debt Form .....	<input type="checkbox"/>
9. W-4 Form with original signature .....	<input type="checkbox"/>
10. Course Curriculum Verification with original signature (If part-time— minimum of six credit hours) .....	<input type="checkbox"/>
11. Acknowledgment Card .....	<input type="checkbox"/>
12. Curriculum for Major .....	<input type="checkbox"/>
<i>HEALTH PROFESSIONS APPLICANTS ONLY:</i>	
13. Health Related Experience (MPH Only) – Optional Form .....	<input type="checkbox"/>

*I verify the application is complete.*

APPLICANT'S SIGNATURE	DATE
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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

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, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917-0006).

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