



Student Handbook

Your Health Career Starts Here





Career Opportunities Start Here

Congratulations on receiving your Indian Health Service (IHS) Scholarship. You've taken the first steps toward your future by furthering your education, envisioning your health career and setting goals. The IHS Scholarship Program will help you realize the future you envision for yourself.

The first IHS scholarship was awarded in 1977. In the last 17 years alone, more than \$200 million have been awarded to American Indian and Alaska Native students to help them reach their career goals and dreams, while helping IHS to fulfill its mission: to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. You will be part of that mission by traveling a path that brings you opportunity, adventure and a sense of personal fulfillment, working in an American Indian/Alaska Native community where you're really needed – perhaps your own community.

This booklet contains information on the IHS Scholarship Programs, the requirements and benefits of the programs, continuation support, key forms and a convenient checklist to help you stay on track. Please write or call the IHS Scholarship Program or your Area Coordinator if you have any questions about the scholarship or the reporting requirements.

On behalf of the Indian Health Service, thank you for your interest in serving your fellow American Indian and Alaska Native people.

A handwritten signature in black ink that reads "Robert E. Pittman".

Robert E. Pittman, RPh, MPH
Rear Admiral, USPHS
Assistant Surgeon General
Director, Division of Health Professions Support

We are pleased to present you with this Scholarship Recipient Handbook to help ensure that you are familiar with, and have the tools to fulfill, the responsibilities associated with upholding your status as a recipient in good standing. The requirements include progress reports, course load and curriculum requirements, and for recipients of the Health Professions Scholarship, information and applications required to fulfill your clinical service payback obligation. You are responsible for fulfilling these requirements, however the IHS Scholarship Program and the IHS Division of Grants Operations contact information is located on the back cover for this handbook should you have any questions or situations that are not covered herein. Used properly, this handbook will minimize time-consuming correspondence, costly telephone calls, and immediate access to information for situations not previously encountered.



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Purpose of the Scholarship Programs

In September of 1976, the Congress and the president of the United States enacted the Indian Health Care Improvement Act (Public Law 94-437), which declared that “it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.”

To help accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992 and 1996 authorize the Indian Health Service (IHS) to conduct three interrelated scholarship programs, for American Indian and Alaska Native students, to train the health professionals necessary to staff IHS health programs and other health programs serving the Indian people.

Overview of Scholarship Programs

Health Professions Preparatory Scholarship Program

The Preparatory Scholarship Program provides financial assistance for American Indian and Alaska Native (federally or state-recognized) students only to enroll in courses (compensatory or preparatory) in preparation for entry to health professional schools, such as medical, nursing, pharmacy and others as needed. Compensatory courses are those required to improve science, mathematics or other basic skills and knowledge. Preparatory courses are pre-professional studies required in order to qualify for admission to a health professions program.

Health Professions Preparatory Scholarship Program support is paid for 10 months each academic year with re-application required for each year of continuation, and is available for up to two academic years full-time or 4 academic years part-time. Support covers costs of compensatory and pre-professional education that enables the student to qualify for enrollment or reenrollment in a health professions school, i.e., freshman and sophomore years of study leading to a bachelor’s degree in a priority health profession, or the four years of undergraduate study required for entry into graduate professional school.

Health Professions Pre-Graduate Scholarship Program

The Pre-Graduate Scholarship Program provides financial support for American Indian and Alaska Native (federally or state-recognized) students only to enroll in courses leading to a bachelor’s degree in specific pre-professional areas, such as pre-medicine, pre-dentistry and others as needed by Indian health programs.

Pre-Graduate scholarship support is paid for 10 months each academic year, with re-application required for each year of continuation, for up to four academic years full-time or eight academic years part-time, for studies leading to enrollment in an accredited professional school.

Health Professions Scholarship Program

The Health Professions Scholarship Program is for American Indian and Alaska Native students enrolled in health professions and allied health professions programs. Students incur service obligations and payback requirements on acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified.

Health Professions Scholarships are awarded for a one year period (12 months of support), with re-application required for each year of continuation. Stipends are paid for the 12-month period beginning each year from August 1 through July 31 for health and allied health professional education up to four years full-time or up to eight years part-time.



Section A: Requirements

Overview of Scholarship Requirements

The IHS Scholarship Program requirements are listed in this section. Please read this section carefully and make notes of the conditions pertaining to your scholarship award. Please note the address and telephone number for your IHS Area Coordinator listed in the contact information section of this handbook. The names of specific coordinators can be found at www.scholarship.ihs.gov. They will assist you with any academic or potential compliance problems that may develop while you are attending school.

Immediately notify the Area Scholarship Coordinator of technical problems, travel, payments, etc. Many situations can be resolved before escalating to a serious level.

Please share all pertinent information with the scholarship and grants staff as soon as you anticipate a change.

All changes should be sent in writing to the Scholarship Program.



Section A: Requirements

It is your responsibility to uphold your status as a recipient with the guidelines explained in the following pages. These requirements include progress reports of your academic standing, course load and curriculum. For recipients of the Health Professions Scholarship Program, you must complete an application for placement and serve at a qualifying site to satisfy your payback obligation.

Academic Requirements

Health Professions Preparatory Scholarship Program and Health Professions Pre-Graduate Scholarship Program Requirements

It is IHS policy that Health Professions Preparatory Scholarship Program and Health Professions Pre-Graduate Program recipients must maintain good academic standing each semester/quarter and must be full-time students with a minimum of 12 credit hours (unless approved for part-time status as outlined below).



Health Professions Requirements

Health Professions Scholarship Program recipients must maintain a 2.0 cumulative grade point average (GPA) each semester/quarter **in core courses** and must be a full-time student with a minimum of 12 credit hours (unless approved for part-time status). Health Professions Scholarship Program recipients must also be enrolled in an approved/accredited school for a health professions degree.

Students are not eligible for continuation if they have not maintained a 2.0 cumulative GPA in core courses.

Part-time students for the three scholarship programs must also maintain a 2.0 cumulative GPA **in core courses** and must take at least six to 11 credit hours each semester/quarter. You must be approved for part-time status at the time of scholarship award. You cannot change from part-time status to full-time status, or vice versa, in the same academic year. Please refer to the Notification of Problem or Change under the Reporting Requirements portion of this handbook.

Reporting Requirements

All of the following reports and documents must be sent to the IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD, 20852.

If you fail to submit these reports as required, you will be ineligible for continuation of scholarship support and your scholarship payments will be discontinued.

Initial Program Progress Report

Within 30 days from the beginning of **each** semester or quarter, you must submit an **Initial Program Progress Report (Form IHS-856-10)** to the IHS Scholarship Program, signed by your school advisor or the registrar's office verifying that you are enrolled in a full-time or part-time course load for the semester/quarter. You must also submit a course curriculum outline, approved by your advisor, for your chosen health program.

Transcripts

Within 30 days from the end of each academic period, i.e., semester, quarter or summer session, you must submit an **official transcript. Official transcript means the institutional seal and/or the signature of the registrar must be present. Copies of official transcripts are not acceptable.** If an official transcript will not be available within 30 days, you must submit a copy of your official grade report or documentation indicating

Section A: Requirements

the grades received in each class, signed by each instructor and your advisor. When your transcripts do become available, you must have an official copy sent directly to the IHS Scholarship Program. If an official transcript is not submitted, all benefits will be suspended.

Notification of Academic Problem or Change

If at any time during the semester/quarter you experience academic problems or are advised to reduce the number of credit hours in which you are enrolled below the minimum of 12 hours for a full-time student or at least six hours for part-time students, you must submit a **Notification of Academic Problem or Change (Form IHS-856-11)** to the Area Scholarship Coordinator and the IHS Scholarship Program. If you are enrolled in at least 12 credit hours for full-time or six hours for part-time and are doing satisfactorily in all classes (at least a "C" or better), **do not submit this form** unless you want to alert your Area Scholarship Coordinator to a special problem you are experiencing or to request assistance, e.g., tutorial service or approval to drop a course.

Change of Status

Change of Academic Status

Academic Probation

If placed on academic probation, you must notify your Area Scholarship Coordinator and the IHS Scholarship Program **immediately**. Notification will alert your coordinator that you need special assistance such as tutorial services or reductions of course load. The Area Scholarship Coordinator will advise you on alternatives that may help you.

Withdrawal from School

If you are considering voluntarily withdrawing from school for any reason (personal or medical), you should inform your Area Scholarship Coordinator and the IHS School Program prior to actually dropping your classes. Your coordinator may be able to advise you of alternative courses of action that will allow you to continue in the scholarship program. If you do withdraw from school, the IHS Scholarship Program must be notified **immediately** in order to stop your stipend checks. If you fail to notify the IHS Scholarship Program and you continue to cash stipend checks, you will be liable for the return of all funds to which you were not entitled. If you have been awarded a Health Professions Scholarship Program you will also be liable for repayment of all Scholarship Program funds paid to the school on your behalf.



Dismissal from School

You must notify the Area Scholarship Coordinator and the IHS Scholarship Program **immediately** if you are dismissed from school. If you fail to notify the IHS and you continue to cash stipend checks, you will be liable for the return of all funds to which you were not entitled. If you have been awarded a Health Professions Scholarship Program you will also be liable for repayment of all Scholarship Program funds paid to the school on your behalf.

School Transfer Request

At least 30 days prior to the time of transfer to a new school from the school you are currently attending, you must request approval from the IHS Scholarship Program for the change. **State clearly the reason for the transfer.** The school transfer request is for scholarship continuation students only. It is not available for new students receiving the IHS Scholarship for the first time.

You may request a transfer of schools during the school year for only three reasons:

- » To change from a school with a non-accredited program in your health discipline to a school with an accredited program.
- » To change from a school that does not offer courses required for your health professions degree to a school offering the necessary courses.
- » Personal and/or family hardships, which may necessitate school transfer, will be considered on an individual basis.

In order for your request for transfer to be approved, you must submit a letter from the school to which you are transferring that verifies your acceptance into a health professions program. This letter must also detail the specifics of your curriculum, as well as the hours and courses earned at the previous school that the new school will accept. You will be notified of IHS' approval or disapproval of the request.

If you change schools without prior IHS approval, your scholarship award will be discontinued.

Change of Health Discipline

Change of health disciplines must be requested in writing to the IHS Scholarship Program and authorization received before you apply for continuation of your scholarship. The health discipline to which you are changing must be one of the IHS priority categories listed for the new scholarship cycle.

Additionally, Faculty and Employer Evaluation and Reasons for Requesting Scholarship forms must be completed and submitted with your continuation application. Submit documentation to verify the number of hours earned and transferable from your current program into the new health discipline program you are requesting. If change of discipline requires school transfer, change of graduation date or program change, consult the appropriate sections of this handbook for additional requirements.

You can not change from the approved IHS Scholarship Program health discipline during the school year. If you make an unapproved change, your scholarship payments will be discontinued and you are subject to being placed in default status.

Change in Graduation Date

Any time a change occurs in your expected graduation date, you must notify the IHS Scholarship Program and your Area Scholarship Coordinator immediately in writing. You must submit documentation (signed by a school official) supporting the proposed change.

Program Change

Changes from one type of scholarship to another can occur only at the end of the academic funding year. Changes cannot be made during the academic year. If you are funded as a Health Professions Preparatory Program student and complete your preparatory courses after mid-year or any part of the year, and begin your health profession courses during mid-year or any part of the year, you will be funded for the entire year under the agreement for which you were originally awarded.

You must provide supportive documentation when requesting a change from the Health Professions Preparatory Scholarship Program to a Health Professions Scholarship Program (letter of acceptance for your chosen health professional program) or from the Health Professions Scholarship Program to a Health Professions Preparatory Scholarship Program (verification that you are enrolled in preparatory courses and a copy of your proposed curriculum). All requests must be submitted to the IHS Scholarship Program.

Leave of Absence Request

If for any reason, you cannot continue with your courses/ classes during a semester/quarter, you must submit a written request for leave of absence to the IHS Scholarship Program. The leave of absence request may be for one semester or a full academic year.

Once reviewed and approved, the approval letter will keep you in good standing with the IHS Scholarship Program and allow you to file a continuation application when you are ready to re-enter school. The maximum leave of absence is limited to two consecutive years and must be requested annually. Leave of absence will be reviewed on a case-by-case basis.

As long as the IHS Scholarship Program is kept informed of your academic status, you will remain in the active-non-pay status.

Name Change

Legal documentation must be received by the IHS Scholarship Program before a student's record is changed to reflect a new name.

Address for Correspondence

You are required to obtain a post office box to serve as your correspondence address for the period of the scholarship award. The IHS Scholarship Program will provide payment for a post office box in the August stipend. This address should not change to prevent delay or loss of correspondence. However, if your address does change, you must promptly notify us. Address changes received after the 10th of each month will not take effect until the following month.

Previous scholarship recipients have encountered delays up to eight weeks in receiving their correspondence when addresses have been changed and the IHS Scholarship Program has not been notified.

Taxes

IHS Scholarship funds are subject to federal income tax, and possibly state and local taxes. IHS withholds only federal income taxes from your stipend checks. Please inquire in your state about any state tax liability on your award. For instructions concerning allowances, exemptions and filing status, refer to the **W-4 form** for the current year in the Forms section.

Credit Validation

The IHS Scholarship Program will verify your status upon receipt of a written request from you for the release of pertinent information from your file to a credit card company, bank, department store, etc. Your request must include your signature and Social Security number. We cannot respond to credit inquiries by telephone.

Section B: Benefits



The level of IHS Scholarship Program benefits is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States, and therefore is subject to change each year.

Tuition and Required Fees

IHS makes direct payment to your school for tuition and required fees for the school year. Direct payment for tuition and required fees for summer school is not included unless specifically requested and approved in advance. IHS will officially notify the school of your participation in the IHS Scholarship Program. Until the school receives billing instructions, this notification of award authorizes your school to bill IHS directly for your tuition and required fees during the first week of October.

IHS pays for tuition and fees (calculated by the educational institution) directly applicable to your approved curriculum and program. Payment will not be made for tuition and fees unrelated to the approved program, for membership dues for student societies, associations and similar expenses, or for school terms that begin prior to the academic year for which the scholarship is awarded. The amount awarded cannot be increased above what the school submitted for your degree program.

IHS will only pay for repeat course work previously paid for by IHS if the course is taken during summer school, not during the regular school year.

Books, Laboratory Expenses, Other Necessary Education Expenses and Travel

IHS will pay for the following:

- » Tuition costs and mandatory fees. Any mandatory fees, such as lab fees and health unit fee, are paid if they're included on the school's invoice. The school should submit all invoices to the IHS Division of Grants Operations.
- » Books, laboratory expenses and other education expenses. These are paid in advance in a lump sum to the student for the school year in the August stipend.
- » \$300 to offset travel expenses to and from school for the year, paid in advance to the student in the August stipend.

- » Tutorial costs. A maximum of \$400 for full-time or \$200 for part-time for the academic year is paid directly to the student, who must specifically request tutorial services. Payment is subject to approval of the Scholarship Branch Chief.

IHS will not pay the following items:

- » School bookstore invoices
- » Dental/medical equipment rented from sources other than the school
- » Health insurance. The educational institution will accept documentation from your Tribe or Indian Health Service facility that you are eligible for health care and/or contract health care from/through our Indian health programs. If you find that the availability of health care services is inconvenient, you will be responsible for a separate health insurance policy, group or individual, while in school.
- » Additional travel expenses incurred over the lump sum amount of \$300.



Section B: Benefits

Living Expenses Stipend

Overview

The estimated stipend amount for student living expenses, including room and board, will be mailed at the end of each month. This amount is pro-rated for part-time students. Each scholarship recipient will receive an award letter specifying the total dollar amount for the award.

NOTE: All scholarship recipients are required to have a bank account and to enable direct deposit for receiving payments via electronic funds transmittal (EFT).

Health Preparatory and Health Professions Pre-Graduate Scholarship Program recipients will receive a stipend for only the academic period covered by their awards: August 1 to May 31. The first stipend checks will be deposited directly to the students' bank accounts via EFT at the end of the month of August.

Stipends for the months of June and July will be paid only to those students who have requested to attend summer sessions and have been approved in advance to do so.

Health Professions Scholarship Program recipients will be given a stipend for the 12-month period beginning August 1 through July 31. The first stipend checks will be electronically transmitted via direct deposit to their bank accounts or mailed from the Treasury Department at the end of the month of August. For part-time students this amount is prorated based on the number of credit hours taken during the academic year.

Although funds may be identified as salary, they are stipend payments. To protect yourself, you should not write checks on your account until you have received notice from your bank that the EFT has occurred. If your EFT is delayed and checks drawn on your account are not honored due to insufficient funds, the IHS Scholarship Program cannot pay any penalties your bank may impose for returned checks.

Lost Stipend

The Treasury Department will transfer funds during the last three days of the month. If you do not receive your stipend, you must immediately notify the Grants Scholarship Coordinator, Division of Grants after the seventh day of the subsequent month so that the Treasury Department can be authorized to issue a replacement EFT to cover the amount you did not receive. Submit the **Lost Stipend form (Form IHS-856-9)**. For example, if you do not receive your stipend at the end of November, you may submit the Lost Stipend form on December 7.

You may find that other students at your school received their EFT while you have not. The reason may be that the funds for students at the same school are not necessarily transferred from the Treasury Department at the same time.

Changes in direct deposit information are the primary reason for non-receipt of EFT.

Summer School

Students may need to take summer courses to graduate or complete course requirements necessary for graduation within the four year maximum time period for full-time students (eight year maximum time for part-time students) or for earlier acceptance into a health professions program.

A Summer School Request (Form IHS-856-13) must be received by the IHS Scholarship Program by April 22 of the academic year to be able to attend that summer.

The Summer School Request must be completed and signed by your school advisor with an attached curriculum for your major. Documentation may be a curriculum listing for your program or a statement from your advisor. **Your academic program must require these courses.** Summer school can also be used to make up failed required courses for which IHS will pay fees and tuition. Summer school is not approved for optional courses not related to your academic program. Documentation of summer school tuition and fees must be submitted with your summer school request form.

Summer school costs are paid only if you have received prior approval from the IHS Scholarship Branch Chief. The IHS Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for tuition and fees as billed by your school. There is no limitation on credit hours. However, the student must pay costs for additional hours that are not covered by the maximum amounts listed above. No additional funds are available for books or other miscellaneous expenses. For those students who are in allied health programs that are year-long, you will not be limited to the \$700 or \$350; however, summer school requests should be submitted to ensure the yearly budget will cover the tuition and fees.

Stipends will be extended into June and July for Health Preparatory and Pre-Graduate students who are approved for summer school. Health Professions students already receive their stipends for 12 months, from August to July.

Transcripts for summer school are due to the IHS Scholarship Program as soon as they are available at the end of the semester term. Please ensure these are ordered.



Tutorial Assistance

IHS wants to assist you in getting the maximum benefit from your education and this scholarship. If you have difficulty with one or more courses, you may participate in special classes or arrange for tutorial assistance to correct the difficulty and to improve your academic performance.

To request tutorial assistance, submit a completed copy of the **Request for Tutorial Assistance (Form IHS-856-12)**. Your school advisor must sign this form. Send this to the IHS Scholarship Program, Attention: Scholarship Application/Award Analyst.

You are encouraged to use tutorial services to improve your grades even if they are satisfactory and/or to address weaknesses in other courses, such as in English or math, which may affect your overall academic performance.

The IHS Scholarship Program will pay up to \$400 for tutorial assistance to full-time students and up to \$200 to part-time

students who have been in school for the academic year (August 1 through July 31). The funds are paid directly to the students on a reimbursed basis as part of the monthly stipend check upon approval of the tutorial request. **The student is responsible for paying the tutor.**

Acceptance of Other Federal Benefits

If you are currently receiving scholarship funding from other federal agency sources, you should inform the awarding agency if you are selected to receive an IHS Scholarship. This is done to eliminate duplicate payment of tuition and other educational expenses. Additionally, the awarding agency might have prohibitions against duplicate awards.

Other Public Health Service Benefits

If you are currently receiving scholarship funds under the National Health Service Corps Scholarship Program (Section 751 of the Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (Section 758 of the Act), you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which these scholarships were awarded. If you are a previous recipient of a Scholarship Program for First-Year Students of Exceptional Financial Need, your IHS Scholarship application will be given preferential consideration for an award.

Veterans Benefits

You may continue to receive educational benefits from the Veterans Administration (G.I. Bill) along with the IHS Scholarship Program funds since the VA benefits were earned by prior active duty in a uniformed service.

Benefits from State, Local and Other Federal Programs

If you owe an obligation for professional practice to a state or other entity under an agreement made before applying for IHS scholarship funding, you are not eligible for an award unless the state or entity submits to the Secretary a written statement which says:

- » There is no potential conflict in fulfilling your service obligation to the state or entity and the IHS Scholarship Program.
- » The Scholarship Program service obligation will be served before the service obligation for professional practice owed to the state or entity.

Section B: Benefits

Suspension of Benefits

THE IHS SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF ALL BENEFITS FOR THE PERIOD OF TIME THAT:

- » The school and the IHS Scholarship Program have approved a participant's leave of absence; or
- » A recipient's graduation is delayed for personal reasons or by a requirement to repeat course work for which the IHS Scholarship Program has previously paid the tuition and provided stipend support.

The participant is required to notify the IHS Scholarship Program when leave of absence or repeated course work is expected. Documentation is required by the IHS Scholarship Program on an as-needed basis.

Benefits suspended will not resume until the IHS Scholarship Program is notified **by the school** that the participant has returned to the course of study for which the scholarship was awarded and only if funds are available to continue support.

If repeated course work does not delay graduation but is taken in addition to the student's normal full-time course load, the IHS Scholarship Program will pay tuition only for the non-repeated courses. Payment of the stipend will not be affected in this case.

If a student has been granted a leave of absence from their school, the maximum time granted for leave of absence from the IHS Scholarship Program is a total of two consecutive academic years. Need for further leave of absence will be reviewed on a case-by-case basis.

THE IHS SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF STIPENDS WHEN:

- » A **Recipient's Initial Program Progress Report (Form IHS-856-10)** is not received within 30 days of the beginning of the semester/quarter; or
- » A student fails to submit **official transcripts** within 30 days for the fall and spring semester. Quarterly transcripts should be sent within 30 days of the end of the quarter.

The Scholarship Program will not reinstate suspended stipend funds until the above-mentioned reports/transcripts have been received. These payments will not be issued until the next automated stipend cycle.



Section C: continuation Support

Notice to all Continuation Students

The application deadline date for the IHS Scholarship Program is March 28 of each year. If this date falls on a weekend or holiday, the deadline will be the next business day.

If your application is incomplete as of the deadline date, the IHS Scholarship Program will notify you one time regarding your incomplete application and request the appropriate documents.

If you do not complete the application within 90 days, you will be automatically placed on leave of absence for a period of one academic year beginning August 1 of the year in which you applied. You will be given an opportunity to file as a continuing student in the next application cycle. A complete application must be received by the deadline date of March 28. Your name will be placed on the mailing list for an application for the following year.

Please keep the IHS Scholarship Program Office informed of any address change or other changes in your contact information, so that an application can be sent to you in a timely manner. Our address is:

IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville, MD 20852



Section C: continuation Support

Health Professions Preparatory Scholarship Program Eligibility Requirements

To receive priority consideration for additional periods of scholarship support, students must meet the continued eligibility requirements and be recommended for continuation by the appropriate discipline chief in the health profession for which their scholarship is funded.

Students must apply annually and meet the following criteria:

- » Be in good academic standing in their program.
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time) in courses specific to a pre-professional curriculum.
- » Remain full-time or part-time during the current academic year.

Health Professions Pre-Graduate Scholarship Program Eligibility Requirements

To receive priority consideration for additional periods of scholarship support, students must meet the continued eligibility requirements and be recommended for continuation by the appropriate discipline chief in the health profession for which their scholarship is funded.

Students must apply annually and meet the following continued eligibility criteria:

- » Be in good academic standing in their pre-professional program.
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time) in courses specific to a pre-professional curriculum.
- » Remain full-time or part-time during the current academic year.

Health Professions Scholarship Program Eligibility Requirements

To receive priority consideration for additional periods of scholarship support, students must meet the continued eligibility requirements and be recommended for continuation by the appropriate discipline chief in the health profession for which their scholarship is funded.

Students must apply annually and meet the following continued eligibility criteria:

- » Maintain an overall 2.0 grade point average in their chosen health/allied health professions curriculum.
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time).
- » Submit a letter from the program director verifying the full-time or part-time status of that institution's health or allied health program.

How to Apply for Continuation Support

All current scholarship recipients will be mailed the Continuation Student – Data Sheet in January/February. If you plan to apply for continued support for the following fall semester, please refer to Section I: Checklist (page 53), where you will find a detailed list of the supporting documentation required for your application. Detailed instructions for each piece of required documentation can be found in Section J: Forms (page 53). Mail your completed application by March 28 to:

Indian Health Service
Division of Grants Operations
Attn: Craig Boswell/Bernard Covers Up
801 Thompson Avenue, Suite 120
Rockville, MD 20852

Notice to all Continuation Students

The application deadline date for the IHS Scholarship Program is March 28 of each year. If this date falls on a weekend or holiday, the deadline will be the next business day. If your application is incomplete as of the deadline date, the IHS Scholarship Program will notify you one time regarding your incomplete application and request the appropriate documents.

If you do not complete the application within 90 days, you will be automatically placed on leave of absence for a period of one academic year beginning August 1 of the year in which you applied. You will be given an opportunity to file as a continuing student in the next application cycle. A complete application must be received by the deadline date of March 28. Your name will be placed on the mailing list for an application for the following year.

Please keep the IHS Scholarship Program Office informed of any address change or other changes in your contact information using the forms in Section J: Forms (page 53) of this handbook, so that an application can be sent to you in a timely manner. Our address is:

IHS Scholarship Program
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Phone: (301) 443-6197



Section D: Payback/Service Obligation for Health Professions Scholarship Program Recipients



Section D: Payback/Service Obligation for Health Professions Scholarship Program Recipients

Requirements of Health Professions Scholarship Program Graduates

Health Professions Scholarship Program recipients incur a service obligation of one year for each year of scholarship support received (or the part-time equivalent) with a minimum service period of two years. After graduation, your active duty service obligation is fulfilled as designated by the Director of IHS, in one of the following areas:

- » Indian Health Service (IHS).
- » A program conducted under a contract or compact entered into under the Indian Self-Determination Act (P.L. 93-638), as amended.
- » Urban Indian organization assisted under Title V of the Indian Health Care Improvement Act (P.L. 94-437), as amended.
- » Private practice in a designated health professional shortage area addressing the health care needs of 51 percent of Indians in that area.

The scholarship recipient may elect to fulfill the service obligation in one of the above areas that is located on the reservation of the Tribe, or that serves the Tribe, in which you are enrolled.

Assignment opportunities are reviewed with students and approved early in the final school year. The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Although the ultimate responsibility for seeking a position is the Health Professions Scholarship recipient's, the IHS Scholarship Program staff and IHS Discipline Representatives are available to assist with and facilitate placement. Please visit www.careers.ihs.gov for more information.

According to the Indian Health Care Improvement Act and the Public Health Service Act, the active duty service obligation must be served in a full-time (40 hours per week) clinical practice. You will have an opportunity to find placement to serve your active duty service obligation, consistent with the statutory mandates listed above. However, if there is a difficulty in placement, you may be assigned to an IHS geographic area where there is an existing need.

Application/Placement Process

Graduating students may apply for employment through the federal Civil Service or the US Public Health Service Commissioned Corps.

Whether your application is submitted to the IHS Civil Service or Commissioned Corps, be sure to indicate clearly that you are a scholarship program graduate. This will assure that you receive priority consideration for jobs for which you qualify.

The IHS Scholarship Program must receive your final transcript, a copy of your diploma, a copy of your license/certificate (if you receive one); and, based on your career path, a copy of your Civil Service Personnel Action Form (SF-50) or your Commissioned Corps Personnel Orders, or your Tribal Employment Contract, or if private practice, a copy of your contract or work agreement prior to beginning your service/payback obligation. **Time spent on the job prior to IHS receiving these documents, will not be counted toward payback/service obligations.**

Civil Service

If you opt for the Civil Service system within IHS, you must submit the following forms and all other additional required forms (e.g., transcripts) to the IHS Area Personnel Office designated on the vacancy announcement by the deadline specified on that announcement. Be sure to include:

- » **Optional Application for Federal Employment (Optional Form 612)** or a resume
- » **Verification of Indian Preference for Employment (BIA-4432)**

All forms can be requested from any government office except the **Verification of Indian Preference for Employment (BIA-4432)**, which must be obtained from the Bureau of Indian Affairs. They can also be found online at www.opm.gov.

Commissioned Corps of the USPHS

You may wish to apply for service through the Commissioned Corps if your health profession is any of the following: medical, dental, nursing (BSN, MSN), pharmacy, engineering, physical therapy, dietetics, sanitarian, or master's-level

Section D: Payback/Service Obligation for Health Professions Scholarship Program Recipients

health professional training. To receive information and an application, contact:

Office of Commissioned Corps Operations
Division of Commissioned Corps Assignments
1101 Wootton Parkway, Plaza Level, Suite 100
Rockville, MD 20852
Telephone: (240) 453-6125; 1(800) 279-1605
www.usphs.gov

Once the Division of Commissioned Corps Assignments verifies your application is complete, you must submit required forms to the IHS Area Personnel Office by the deadline date as indicated in the vacancy announcement.

For information regarding benefits including salary, travel pay, health benefits, housing, etc., you must contact the IHS Area Personnel Office to which you are applying.

Monitoring the Placement Process

All graduating students must apply for current employment vacancies. The IHS Discipline Representatives and Area Scholarship Coordinators will offer professional advice and assist you with job vacancies in your field.

The monitoring of the graduating student's progress towards placement involves the following:

- » At least one month before graduation, you must contact the IHS Scholarship Program via a **Notice of Impending Graduation (Form IHS-856-15)**.
- » At least three months before you graduate, the IHS Scholarship Program Headquarters reminds you of your placement responsibilities and to send completed forms to your Area Scholarship Coordinator with a copy to your Discipline Representative and IHS Scholarship Program. Forms to be completed are: **Optional Application for Federal Employment (Optional Form 612)**; **Health Professions Scholarship Program Service Preferred Assignment (Form IHS-856-19)**; and, if applicable, a **Verification of Indian Preference for Employment (BIA-4432)** form.

Note: Priority will be given to IHS Scholarship Program recipients. As such, please indicate on your documents that you are to receive such priority.

- » The graduating student should send a copy of all documents to each Area Scholarship Coordinator in the Areas where they are interested in working.

- » Follow-up with each respective Area Scholarship Coordinator and Discipline Representatives should be done **each** month by the graduating student regarding vacancies available and application status.
- » A **Placement Update (Form IHS-856-14)** must be sent to the IHS Scholarship Program within 60 days of graduation and every 60 days thereafter. The graduate must attach documentation regarding attempts at securing employment (e.g., letter of application receipt, denial letters). This form may also be used to express any type of dissatisfaction, or problems encountered while seeking a position.
- » Once a position is secured, you must submit information regarding verification of employment within 90 days of your graduation date.

The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation according to the needs and priorities of IHS and Tribes.

Prioritization of sites will vary from year to year and among the different health profession disciplines. An updated list can be found at www.scholarship.ihs.gov. You may contact your Discipline Chief for information regarding placement. Although IHS will attempt to place you in the geographic location of your choice, this may not be possible and you may be required to take a position in another location.

Documentation Requirements

Before any scholarship recipient receives credit toward their service obligation, the IHS Scholarship Branch requires the following documentation:

A copy of your diploma and official final transcript stating degree conferred, and any of the following items that are applicable in your case:

- » A copy of your license/certificate (for those disciplines that need one to work).
- » If federal employment,
 - a copy of your **Civil Service Personnel Action Form (SF-50)** from your personnel office reflecting your entrance on duty date and any copies of SF-50, if you should transfer during your payback status, or

– a copy of your Commissioned Corps Personnel Orders calling you to duty and copies of personnel order transfer papers if you should transfer during your payback status.

- » If Tribal employment, a contract, work agreement or letter from the Tribe indicating start date of employment.
- » If a private practice option, a contract, work agreement or letter from the facility indicating start date of employment.

Deadline: The appropriate documentation is required 90 days from the date of graduation.

If the IHS Scholarship Branch does not receive the information required, we will assume that you did not graduate and are not paying back your service obligation. Failure to submit the information may result in the initiation of debt collection action.

Additionally, you must submit an **Annual Status Report (Form IHS-856-18)**. This is required to monitor your payback obligation activity, so that credit can be given to your obligation.

If you have any questions regarding these directions, contact the IHS Scholarship Program.

Deferments

Post-Graduate Training

Health Professions Scholarship recipients can defer their service obligations for further training. Detailed information on this procedure is given in the spring of your senior year and is outlined below. As an IHS scholarship obligated graduate, it is your responsibility to familiarize yourself and comply with the information bulletin and instruction you will receive. Failure to do so may result in non-approval of your deferment request.

Deferment of the service obligation is intended to permit scholarship recipients to complete approved graduate clinical training programs, i.e., those programs of graduate clinical training which fulfill the requirements for board certification and have been approved by the appropriate certifying boards, as determined by the Secretary, Department of Health and Human Services. Training which fulfills the requirements for board certification is considered by the IHS Scholarship Branch to be the graduate clinical training and years of practice required by the appropriate American specialty board for the candidate to be board certified.

To be eligible to serve with IHS as an allopathic or osteopathic physician, graduates must complete at least one year in an approved graduate clinical training program. Completion of post-graduate training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled. Scholarship recipients who elect to serve after only one year of graduate clinical training will compete with board eligible practitioners for a limited number of vacancies and may experience difficulty in obtaining assignments in which to serve. Therefore, in order to become fully qualified practitioners, graduates are encouraged to complete training in an approved specialty.

- » To be eligible to serve with the IHS as a licensed social worker, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To be eligible to serve with the IHS as a licensed clinical psychologist, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To serve with IHS as a registered pharmacist, graduates may elect to complete one additional year of residency in pharmacy.

Note: No period of internship, residency or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under Section 104 (b)(3)(A) of the IHCA, P.L. 94-437, as amended.

Specialties and Approval

All medical school graduates will receive a letter from the Chief of the Health Professions Support Branch indicating which specialties you may enter for your post-graduate training residency. The specialties are determined according to IHS needs.

Specialties: The following is a list of specialties that are currently in demand throughout IHS:

- » Family Medicine
- » Obstetrics and Gynecology
- » Internal Medicine
- » Pediatrics

Section D: Payback/Service Obligation for Health Professions Scholarship Program Recipients

- » Emergency Medicine
- » Psychiatry

Prior Approval: Initial approval of your post-graduate training plan is contingent upon full compliance with all policies and procedures applicable to the deferment of all graduates, and upon your request to enter a specialty needed by IHS. The IHS Scholarship Branch requires that you submit a request for residency training before beginning a residency by submitting a **Request for Prior Approval of Deferment (Form IHS-856-20)**.

If you do not submit this request, your residency or clinical training will not be approved and you may be placed in default.

Once you begin an IHS approved residency program, you cannot transfer to another residency without prior approval from IHS Scholarship Branch.

Those who are unsuccessful in obtaining an internship or residency must notify IHS immediately and will be expected to begin obligated service upon completion of their first year of training. They will be assigned according to the needs of IHS if notification is received after September 1.

Physicians find that they are significantly less competitive obtaining positions sites in target IHS Areas if they are not board eligible/certified.

IHS Areas are preferentially seeking fully trained and qualified individuals who have a higher probability of remaining after completion of their service obligation, rather than leaving immediately upon completion to pursue other objectives.

Approved Deferments: Approval of deferment of the service obligation for all graduates will be based on the return of the **Request for Prior Approval of Deferment (Form IHS-856-20)**. New graduates, as well as those granted deferment who intend to continue in deferment status during the cycle, must submit these forms.

The Request for Prior Approval of Deferment (Form IHS-856-20) must be submitted annually until you have completed your residency. If you fail to return the form, you will be placed in default.

All IHS Scholarship Recipients who wish to defer their service obligation for the period from July 1 through June 30 must complete, sign, and return the **Request for Prior Approval of Deferment (Form IHS-856-20)** by May 31. The deferment request packet will be mailed to you during the third year of your health profession program.

After Deferment Approval: Your deferment will continue if you comply with these conditions:

- » Pursue only the training as described, in an accredited program approved by the IHS Scholarship Program, and for a deferment that does not incur a conflicting service obligation.
- » Submit documentation of your training status in an approved program each year of deferment.
- » Make no changes in the period, place of training or type of training without prior approval from the IHS Service Branch.
- » Notify the IHS Scholarship Branch in writing within 30 days of any change of address, intent to terminate training, intent to take a break in training, or similar change.
- » Notify the IHS Scholarship Branch in writing if you did not pass PGY I level of training and did not advance to the PGY II level. Your program director should also send a letter to the IHS Scholarship Branch.
- » Return the deferment request by the deadline date of May 31.
- » Physicians who elect to begin their obligated service before completing their second, third or fourth year of training in an approved specialty must notify the IHS Scholarship Branch upon making the decision.

If you do not comply with all the above, you will be in default of your scholarship contract. The IHS Scholarship Program has adopted the above procedures because of problems with deferments during the previous years.

Please Note: All deferment deadline dates and policies will be strictly enforced.

If you need additional information regarding deferment of your service obligation or if you need assistance with your training plans as they relate to your scholarship, please contact the IHS Scholarship Program.

Section E: Breach and Default of Contract



SECTION E: Breach and Default of Contract

Failure to Complete Academic Training

Health Professions Scholarship participants who are dismissed from school for academic or disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which the scholarship was awarded, will be liable to the United States for repayment of all Scholarship Program funds paid to them and to the school on their behalf. Payment must be made within three years from the date of breach or such longer period as specified by the Secretary. No interest will be charged on any part of this indebtedness to the United States within the three-year period.

Failure to Begin or Complete the Service Obligation or Meet the Terms and Conditions of Deferment

Participants breach their scholarship contracts by failing to begin or complete their service obligation for any reason other than failure to complete academic training, or by failing to comply with the terms and conditions of deferment. In these cases, participants are liable to repay three times the amount of all scholarship funds paid to them and to the school on their behalf, plus interest, as determined by the formula: $A=3(z)[(t-s)/t]$, in which:

- » 'A' is the amount the United States is entitled to recover
- » 'z' is the sum of the amounts paid to or on behalf of the applicant and the interest on such amounts that would be payable, if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States
- » 't' is the total number of months in the applicant's period of obligated service
- » 's' is the number of months of the period of obligated service served by the participant

The amount which the United States is entitled to recover shall be paid within 1 year of the date on which the applicant failed to begin or complete the period of obligated service, or failed to meet the terms and conditions of deferment, or a longer period beginning on a date specified by the Secretary of Health and Human Services (HHS).



SECTION F: Extern Program

Overview

The recruitment and placement process of the Indian Health Service Scholarship Extern Program is a major annual activity of the IHS Scholarship Program.

Individuals receiving an IHS scholarship award and other health professionals may be employed as an IHS extern for up to 120 workdays per calendar year. Health Professions Scholarship recipients are entitled to an externship. Extern assignments are available during non-academic periods. Students are assigned to an IHS health care facility where they will accumulate valuable clinical hours in their chosen health disciplines. This opportunity to apply the knowledge and skills developed in school provides practical hands-on experience that will be useful once they graduate.



Eligibility

Individuals receiving a Health Professions Scholarship are entitled to employment by IHS during any **non-academic period** in accordance with the provisions of Section 105 of the Indian Health Care Improvement Act. (**Note: This does not prohibit scholarship recipients or any other qualifying student from doing an externship and going to school as long as IHS is not paying tuition/fees during that time frame.**) Students who are completing a course-required rotation, whether clinical or on-the-job training, **are not** eligible for an IHS Externship.

Civil Service

Students who apply for a Civil Service externship must meet the following requirements:

- » Undergraduate students must have at least a 2.0 grade point average; graduate students must have at least a 3.0 grade point average.
- » Students must not be on probation or discontinued from the IHS Scholarship Program for any reason.

Commissioned Corps

Students may also apply to the Commissioned Officer Student Training and Extern Program (COSTEP), by contacting:

Junior COSTEP
Recruitment/DCCTCP
Tower Building, Plaza Level, Suite 100
1101 Wootton Parkway
Rockville, MD 20852
Phone: (240) 453-6072
www.usphs.gov

In addition to the COSTEP application, students must submit all application materials listed below.

Deadlines for COSTEP applications are:

- » December 31 for positions May 1 through August 31.
- » May 1 for positions during September 1 through December 31.
- » October 1 for positions during January 1 through April 30.



Application

Students seeking an externship either through Civil Service or COSTEP, must submit the following documents to the IHS Area Coordinator in the IHS Area Office in which they are seeking placement:

- » Resume or **Application for Federal Employment (Form OF-612)** that can be downloaded at www.opm.gov
- » **Extern Site Preference Request (Form IHS-856-16)**
- » Official transcripts
- » Request for **Extern Travel Reimbursement (Form IHS-856-17)**
- » Proof of immunity to measles and rubella. All applicants to positions located at an IHS facility shall provide documentation of immunity to measles and rubella prior to or at the time of their entrance on duty. Employees subject to this

SECTION F: Extern Program

policy who are not immune to measles or rubella and refuse the recommended vaccine(s) are subject to be reassigned or removed from the service.

- » Proof of possession of the following: Social Security card (number), driver's license, and **Employment Eligibility Verification (BIA Form 4432)**.
- » Documentation of enrollment in the fall term.

Application Due Date

Completed, signed and dated applications (IHS Civil Service and COSTEP) must be received by the Area Coordinator before close of business on the first Friday on the month of February. COSTEP applications are due as outlined above.

Benefits

Salary

Externs may receive a salary based on experience and years of academic training that is comparable to industry standard.

Salary is waived if the externship fulfills a required field placement or an internship is required under a health profession education program, in which case IHS will pay school tuition and fees.

Note: The salary is based on the student's experience and the number of completed semester hours in their academic program according to Personnel Standards, rules and regulations. The ratings listed below are proposed grade levels based on the number of credit hours completed. The personnel office responsible for the extern position will determine your grade level.

- » GS-3: 30 semester hours/45 quarter hours
- » GS-4: 60 semester hours/90 quarter hours
- » GS-5: bachelor's degree (120 semester hours/180 quarter hours)
- » GS-7: first year of graduate school (18 semester hours of graduate education, 27 quarter hours of graduate selection)

- » GS-9: master's degree or equivalent graduate degree or two full years of progressively higher graduate education leading to a degree such as Bachelor of Laws (LLB) or JD (Juris Doctor), if related.
- » GS-11: PhD or equivalent doctoral degree or three full years of progressively higher level graduate education leading to a degree such as Master of Laws (LLM), if related.

Travel

Extern may request travel reimbursement for one round trip to the extern site. The request for **Extern Travel Reimbursement (Form IHS-856-17)** must be completed and submitted prior to travel.

Travel reimbursements are authorized based on the travel and transportation allowance under federal regulations.

If an advance for travel is required, you may work directly through your coordinator and the Area Office, Service Unit or health clinic where you are assigned.

Do not, under any circumstances, travel without authorized travel orders.

Housing

Students are responsible for finding their own housing. Information on housing may be available from the Area Coordinator, Discipline Representative and/or Extern Coordinator. A minimal allowance can be made for transportation of goods, but requires authorization on your travel orders.

Please stay in touch with your area scholarship coordinator and Extern Coordinator to verify all your arrangements before traveling to the extern site.



SECTION G: Contact Information

Overview

This section describes key personnel involved with your scholarship award and includes their location and contact information. Submit your required reports and forms to the appropriate person and feel free to contact that person with any questions you might have. The IHS Scholarship Program staff is ready to help you and has an interest in your success.

You can also access information about specific personnel at www.scholarship.ihs.gov.



SECTION G: Contact Information

Area Office Scholarship Coordinators, Indian Health Service Area Offices and Special Scholarship Offices

A complete listing of the Indian Health Services Area Offices, Scholarship Coordinators and Special Scholarship Offices is in this section. The role of the Area Scholarship Coordinator is to serve as your primary contact within IHS for technical and programmatic questions, to monitor your academic performance and to assist you with the placement process. This is the first person you should contact with questions concerning your scholarship.

Aberdeen Area IHS (Iowa, Nebraska, North Dakota, South Dakota)

Kim Annis
Office of Professional Services
115 4th Avenue, SE
Federal Building, Room 215
Aberdeen, SD 57401
Phone: (605) 226-7466
Fax: (605) 226-7321
kim.annis@ihs.gov

Alaska Area Native Health Services (Alaska)

Rea Bavilla (Asst. Krista Hepworth)
4000 Ambassador Drive, Suite 114
Anchorage, AK 99508
Phone: (907) 729-1348 or (800) 684-8361
Fax: (907) 729-1335
rbavilla@anthc.org

Albuquerque Area IHS (Colorado, New Mexico)

Cora Boone
5300 Homestead Road, NE
Albuquerque, NM 87110
Phone: (505) 248-4418 or (800) 382-3027
Fax: (505) 248-4420
cora.boone@ihs.gov

Bemidji Area IHS (Illinois, Indiana, Michigan, Minnesota, Wisconsin)

Tony Buckanaga
Federal Building, Room 209
522 Minnesota Avenue, NW
Bemidji, MN 56601
Phone: (218) 444-0486 or (800) 892-3079
Fax: (218) 444-0498
tony.buckanaga@ihs.gov

Billings Area IHS (Montana, Wyoming)

Delon Rock Above
2900 4th Avenue, North
Billings, MT 59107
Phone: (406) 247-7100
Fax: (406) 247-7251
delon.rockabove@ihs.gov

California Area IHS (California, Hawaii)

Mona Celli
650 Capitol Mall, 6th Floor
Sacramento, CA 95814
Phone: (916) 930-3981 Ext. 724
Fax: (916) 930-3952
mona.celli@ihs.gov

Nashville Area IHS (Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and District of Columbia)

Gina Blackfox
711 Stewarts Ferry Pike
Nashville, TN 37214
Phone: (615) 467-1575
Fax: (615) 467-1595
gina.blackfox@ihs.gov

Navajo Area IHS (Arizona, New Mexico, Utah)

Roselinda Allison (Asst. Aletha Jamie John)
IHS Complex, Hwy 264
PO Box 9020
Window Rock, AZ 86515
Phone: (928) 871-1358 or (928) 871-1360
Fax: (928) 871-1383
roselinda.allison@ihs.gov

SECTION G: Contact Information

Oklahoma City Area IHS (Kansas, Texas, Oklahoma)

Melissa Langley
3625 NW 56th Street
Oklahoma City, OK 73112
Phone: (405) 951-6040 or (800) 722-3357
Fax: (405) 951-3771
melissa.langley@ihs.gov

Phoenix Area IHS (Arizona, Nevada, Utah)

Kimberly Honahnie
2 Renaissance Square
40 N. Central Avenue, #510
Phoenix, AZ 85004
Phone: (602) 364-5253
Fax: (602) 364-5358
kimberly.honahnie@ihs.gov

Portland Area IHS (Idaho, Oregon, Washington)

Laurie Veitenheimer
1220 SW 3rd Avenue, Room 476
Portland, OR 97204
Phone: (503) 326-6983
Fax: (503) 326-2702
laurie.veitenheimer@ihs.gov

Tucson Area IHS (Texas, Arizona)

Kimberly Honahnie
2 Renaissance Square
40 N. Central Avenue, #510
Phoenix, AZ 85004
Phone: (602) 364-5253
Fax: (602) 364-5358
kimberly.honahnie@ihs.gov

IHS Discipline Representative

The role of the IHS Discipline Representative of your particular health discipline is to monitor your academic performance in order to assure your success in your health education. The Discipline Representative also assists Health Professions Scholarship recipients with extern and service obligation placements and with placement to complete their service obligation. Please refer to the following listing of Discipline Representatives. You can also access information about specific personnel at www.careers.ihs.gov.

Coding Specialist Medical Records

Ms. Patricia Gowan
Indian Health Service, PHX
2 Renaissance Square
40 N. Central Avenue, #606
Phoenix, AZ 85004
Phone: (602) 364-5172
pat.gowan@ihs.gov

Injury Prevention

Ms. Nancy Bill
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-0105
nancy.bill@ihs.gov

Master of Public Health: Epidemiology

Dr. James A. Cheek
Division of Epidemiology
5300 Homestead Road NE, Room 3028
Albuquerque, NM 87110
Phone: (505) 248-4226
james.cheek@ihs.gov

Master of Public Health: Health Care Administration

Mr. Curtis Kitto
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 625
Rockville, MD 20852
Phone: (301) 443-2650
curtis.kitto@ihs.gov

Community/Public Health Education, BS degree

Ms. Mary Wachacha
IHS Health Education Program
PO Box 752
Cherokee, NC 28719
Phone: (828) 292-1175
mary.wachacha@ihs.gov

Optometry/Optician

CAPT Michael Candreva, OD
Chief Clinical Consultant
Standing Rock IHS Hospital
10 N. Riva Road
Ft. Yates, ND 58538
Phone: (701) 854-3831
michael.candreva@ihs.gov



**Physician Assistant/Pre-Medical/Physician,
Osteopath/Physician, Allopath**

Dr. Philip Smith
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 450A
Rockville, MD 20852
Phone: (301) 443-4700
philip.smith@ihs.gov

**Pre-Clinical Psychology/Clinical Psychology/
Chemical Dependency Counseling/Counseling Psychology**

Mr. Bryan Wooden
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-2038
bryan.wooden@ihs.gov

Pre-Dentistry/Dentistry/Dental Hygiene

RADM Chris Halliday
Chief, Dental Program
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-1106
christopher.halliday@ihs.gov

Pre-Dietetics/Dietetics/Public Health Nutrition

Ms. Jean Charles-Azure
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-0576
jean.charles-azure@ihs.gov

Pre-Engineering/Engineering

CDR Carol Rogers
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-1046
carol.rogers@ihs.gov

SECTION G: Contact Information

Pre-Medical Technology/Medical Technology

Ms. Gloria Folger
Pine Hill Health Clinic
PO Box 310 – BIA Rt. 125
Pine Hill, NM 87357
Phone: (505) 775-3271
gloria.folger@ihs.gov

Pre-Nursing/Associate Degree Nurse/Baccalaureate Degree Nurse/Pediatric Nursing/Geriatric Nursing/Psychiatric Nursing/Women's Health Nursing/Registered Nurse Anesthetist

Ms. Sandy Haldane
Director, DNS
Indian Health Service
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-1026
sandy.haldane@ihs.gov

Pre-Pharmacy/Pharmacy

RADM Robert E. Pittman
Dir. DHPS/Pharmacy Program
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-2361
robert.pittman@ihs.gov

Pre-Physical Therapy/Physical Therapy/Physical Therapy Assistant/Pre-Occupational Therapy/Occupational Therapy/Respiratory Therapy

CDR Toni Allen Donahoo
Carl Albert Indian Hospital
In-Patient Physical Therapy
1001 N. Country Club Road
Ada, OK 74820
Phone: (580) 436-3980
toni.donahoo@ihs.gov

Pre-Podiatry/Podiatry

Dr. Eugene Dannels
Phoenix Indian Medical Center
4212 N. 16th St.
Phoenix, AZ 85016
Phone: (602) 263-1509 ext. 1279
eugene.dannels@ihs.gov

Pre-Sanitation/Environmental Health: Sanitation

CDR Kelly Taylor
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-1054
kelly.taylor@ihs.gov

Pre-Social Work/Social Work

Ms. Deanna Dick
Indian Health Service, HQE
801 Thompson Avenue, Suite 400
Rockville, MD 20852
Phone: (301) 443-7261
deanna.dick@ihs.gov

Radiology Technology/ Ultrasonography

Mr. Richard Gwilt
Dep.Dir., Med. Imaging Program
40 N. Central Avenue, Suite 600
Phoenix, AZ 85004
Phone: (602) 364-5166
dick.gwilt@ihs.gov

IHS Scholarship Branch Chief

The IHS Headquarters Scholarship Branch Chief is responsible for the coordination of the programmatic aspects for the five sections of P.L. 94-437, Title I, and for the activities of the Area Scholarship Coordinators. Additionally, the IHS Headquarters Scholarship Branch Chief serves as the authority on programmatic issues and decisions. The mailing address is:

CDR Dawn A. Kelly, O.D.
IHS Scholarship Branch Chief
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6622
Fax: (301) 443-6048
dawn.kelly@ihs.gov

IHS Scholarship Award Program Compliance Analyst

The IHS Scholarship Award Program Compliance Analysts are responsible for the coordination of the various scholarship program functions and processes and, as part of this

responsibility, work with scholarship recipients so that the recipients comply with their obligations and/or liabilities. The analysts monitor the deferment and completion of the recipients' service obligations. In addition to these duties, analysts work with the Division of Grants Operations on matters dealing with payments, applications/awards, and related processing. The analysts track and record data pertaining to the recipients and monitor their academic progress to ensure compliance while the students are in school. Analysts maintain ongoing communications with the Area Scholarship Coordinators, as well as with other IHS components, governmental agencies and Tribal organizations. The mailing address is:

801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048

Default Waiver Coordinators

The Default Waiver Coordinators monitor the default/waiver functions of the IHS Scholarship Award Program. The mailing address is:

CDR Susannah Olnes, M.D.
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-0049 or 2443
Fax: (301) 443-6048
susannah.olnes@ihs.gov

Scholarship Program Extern Coordinator

The IHS Scholarship Extern Coordinator is responsible for the funding of the IHS Scholarship Extern Program. The coordinator verifies and reconciles data on all externs by Area Office. The coordinator also establishes and maintains cooperative and ongoing communications with Area Scholarship Coordinators as well as other IHS components, government agencies and Tribal organizations to ensure that externs are in compliance with Scholarship Program requirements. The mailing address is:

Ms Vickye Santiago
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048
vickye.santiago@ihs.gov

IHS Division of Grants Operations Officer

The IHS Division of Grants Operations is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility. The mailing address is:

Ms. Kimberly Pendleton
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 443-9602
kimberly.pendleton@ihs.gov

IHS Grants Scholarship Coordinator/Management Specialist

The IHS Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These include application distribution, obligation of funds, award notifications, and payment of invoices and monthly stipends. The mailing address is:

Mr. Craig Boswell or Mr. Bernard Covers Up
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 480-1091
craig.boswell@ihs.gov
bernard.coversup@ihs.gov

Health Professions Support Branch Chief

The Health Professions Support Branch Chief is responsible for coordinating the identification and approval of specialties for post-graduate residency training programs for physicians. The mailing address is:

801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-4242
Fax: (301) 443-1071

SECTION H: Sample Contracts



HEALTH PROFESSIONS PREPARATORY AND PREGRADUATE EDUCATION SCHOLARSHIP PROGRAM AGREEMENT SCHOOL YEAR 2007 - 2008	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE
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Section 103 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Health Professions Preparatory and Pregraduate Education Scholarship Program for Indians ("Scholarship Program") with scholarship awards. The statute is codified at 25 U.S.C. 1613 and the implementing regulations are codified at 42 CFR, Part 36, Subpart J, Subdivision J-3. In return for awards, applicants must indicate an intent to serve Indians as health care professionals in the discipline or specialty for which the award is given upon completion of their health care professional education.

Program policy requires applicants to submit with their applications a signed Agreement which states the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those Agreements submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2007-2008 school year are set forth below.

Section A -- Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program of the Indian Health Service ("IHS"), the Secretary agrees to provide the undersigned applicant ("applicant") with a scholarship award for the school year 2007-2008 during which the applicant must be:

1. enrolled, or is accepted for enrollment, as a full-time or part-time student in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
2. pursuing a preparatory education course or curriculum necessary for enrollment or reenrollment in a health professions school, or
3. pursuing pregraduate education leading to a baccalaureate degree in premedicine, prenursing, predentistry, prepharmacy, prephysical therapy, or other health profession which has been determined to be needed by the Indian Health Service for participation in the Scholarship Program.

The Scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the academic period covered by the award beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.

Section B -- Obligations of the Applicant

The applicant agrees:

1. to accept the scholarship award provided to the Secretary under Section(A) of this Agreement for the school year 2007-2008;
2. to maintain full-time or part-time enrollment until completion of the course of study for which the scholarship award is provided;
3. to maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided; and

4. that it is his/her intent to provide services to Indians, as a full-time practitioner of the profession for which the education scholarship is awarded, upon completion of the necessary education and training, and that it is his/her intent that these services will be provided in the Indian Health Service, an urban Indian organization assisted under 42 CFR, Part 36, Subdivision J-6 or in a health professional shortage area designated under Section 332 of the Public Health Service Act which address the health care needs of a substantial number of Indians as determined by the Secretary in accordance with guidelines of the Indian Health Service

Section C -- Breach of Agreement

If the applicant:

Withdraws from the educational program for any reason, or fails to maintain an acceptable level of academic standing in the education program for which the scholarship award is provided, the scholarship award will be terminated and to be reinstated, the applicant will have to apply and compete as a new applicant during the regular application cycle.

Section D -- Extension of Scholarship Award

1. The applicant may annually request extension of this scholarship award, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Indian Health Service Scholarship Program, the Secretary shall approve the request for an extension if:
 - a. The request does not extend the total period of scholarship award beyond two (2) years for a preparatory education award or beyond four (4) years for a pregraduate baccalaureate degree award, and
 - b. The applicant is otherwise eligible for continued participation in the Health Professions Preparatory and Pregraduate Education Scholarship Program.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Applicant Name <i>(Please Print)</i>	Applicant's Signature	Date
Secretary of Health and Human Services		Date

**INDIAN HEALTH SCHOLARSHIP PROGRAM CONTRACT
SCHOOL YEAR 2007-2008
HEALTH PROFESSIONS**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Section 104 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Indian Health Service Scholarship Program ("Scholarship Program") with scholarship awards as established under Section 338A. In return for awards, applicants must agree to provide health services in a manner determined by the Secretary for a period of obligated service equal to one year for each year of scholarship award received, or two years, whichever is greater, Section 338A requires applicants to submit with their applications a signed contract stating the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2007-2008 school year are set forth below.

Section A -- Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the Indian Health Service ("IHS"), the Secretary agrees to:

1. Provide the undersigned applicant ("applicant") with a scholarship award for the school year 2007-2008 during which the applicant:
 - a. is enrolled, or is accepted for enrollment in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
 - b. is pursuing a course of study leading to a degree in medicine, osteopathy, dentistry, or other health profession which has been approved by the Secretary for participation in the Scholarship Program.

The scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.
2. Utilize the applicant to provide health services in accordance with Section B(4) of this contract.
3. Defer performance of an applicant's period of obligated service if the applicant: (1) receives a degree from a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or pharmacy, and (2) requests a deferment of this period to complete internship, residency or other advanced clinical training. The period of deferment may not exceed: (1) three years for applicants receiving a degree from schools of medicine, osteopathy or dentistry, or (2) one year for applicants receiving a degree from schools of veterinary medicine, optometry, podiatry or pharmacy. The Secretary may, however, extend this period of deferment if the Secretary determines that the extension is consistent with the needs of the IHS.
4. Release the Applicant from all or part of his or her service obligation to enter into the full-time private practice of the applicant's health profession where the provisions of Section 338C of the Public Health Service Act, 42 U.S.C. 254n and applicable IHS policies are met. The release is applicable to service obligations incurred under either or both the: (1) Public Health and Indian Health Scholarship Training Program (Section 225 of the Public Health Service Act as in effect on September 30, 1977), and (2) the Indian Health Scholarship Program (Section 751 of the Public Health Service Act as in effect on August 12, 1981, prior to its amendment and redesignation as Section 338A of the Public Health Service Act).

8. The applicant accepts the right of the Director, IHS to make final decisions regarding assignment of scholarship recipients to fulfill their payback obligation.

Section C -- Breach of Scholarship Contract

If the applicant:

1. Fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily terminates academic training, or is dismissed from the educational institution for disciplinary reasons, the applicant shall, instead of performing the service obligation incurred under this contract, repay to the United States all funds paid to the applicant and to the educational institution under this contract. Payment of this amount must be made within 3 years of the date the participant becomes liable to make payment under this paragraph. Obligors who fail to complete their academic training or course of study for which the scholarship is provided, for the reasons described herein, may not substitute another academic training or course of study in order to fulfill any obligation incurred under this agreement. However, obligors who obtain approval from the Director prior to breach of their scholarship contract, may change their academic training or course of study for which the scholarship is provided. The obligors newly approved training or course of study will substitute as the professional discipline in which the obligor serves his or her service obligation.
2. Fails to begin or complete the period of obligated service incurred under this contract for any reason other than those in paragraph 1 of this section, the United States shall be entitled to recover an amount equal to three times the scholarship funds awarded, plus interest, as determined by the formula

$$A = 3 \emptyset \frac{(t - s)}{t}$$

In which:

- 'A' is the amount the United States is entitled to recover,
- '∅' is the sum of amounts paid to or on behalf of the applicant and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States,
- 't' is the total number of months in the applicant's period of obligated service, and
- 's' is the number of months of such period served by the applicant in accordance with Section 338B of the Act or with a written agreement under Section 338C of the Act.

SECTION H: Sample Contracts

Section B -- Obligations of the Applicant

The applicant agrees to:

1. Accept the scholarship award provided by the Secretary under Section A(1) of this contract for the school year 2007-2008.
2. Maintain full-time or part-time enrollment as determined by the Secretary until completion of the course of study for which the scholarship award is provided.
3. Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
4. Serve his or her period of obligated service by providing health services, as determined by the Secretary, in the Indian Health Service:
 - a. In the full-time practice of his or her health profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, a civilian employee of the United States, or an individual who is not an employee of the United States, providing service in the Indian Health Service, in a program conducted under a contract entered under the Indian Self Determination Act, in a program assisted under Title V of the Indian Health Care Improvement Act, such practice is situated in a physician or other health professional shortage area, designated under Section 332, and addresses the health care needs of a substantial number of Indians; except that scholarship recipients may at their election serve in one of the above programs that is located on the reservation of the tribe in which the recipient is enrolled; or serves the tribe in which the recipient is enrolled; or
 - b. In the full-time private clinical practice of his or her health profession under a Private Practice option agreement (Section 338C of the Act) in a Health Manpower Shortage Area for which designation under Section 332 of the Act has been validated by the Secretary with the applicant's understanding that the full-time private clinical practice option is subject to IHS primary responsibility to fill vacancies within IHS and, in particular, IHS priority sites. Only after IHS vacancies are filled will the applicant receive consideration for the other placement options.
5. Serve one year of obligated service for each year the scholarship award is provided, or two years, whichever is greater.
6. Apply for and undertake placement in accord with established placement policies and procedures.
7. Comply with provisions of Title 42, Code of Federal Regulations.

The amount the United States is entitled to recover shall be paid within one year of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service and may include all collection costs including any litigation costs.

Section D -- Creditability of Graduate Training Toward the Period of Obligated Service

1. No credit of time for internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

Section E -- Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this contract if:
 - a. compliance by the applicant with the terms and conditions of this contract is impossible or would involve extreme hardship, and
 - b. enforcement of such obligation would be unconscionable.

Section F -- Contract Extension

1. The applicant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the IHS, the Secretary shall approve request for contract extension if:
 - a. the request does not extend the total period of scholarship award beyond four years, and
 - b. the applicant is otherwise eligible for continued participation in the Scholarship Program

Section G -- Documents Incorporated by Reference

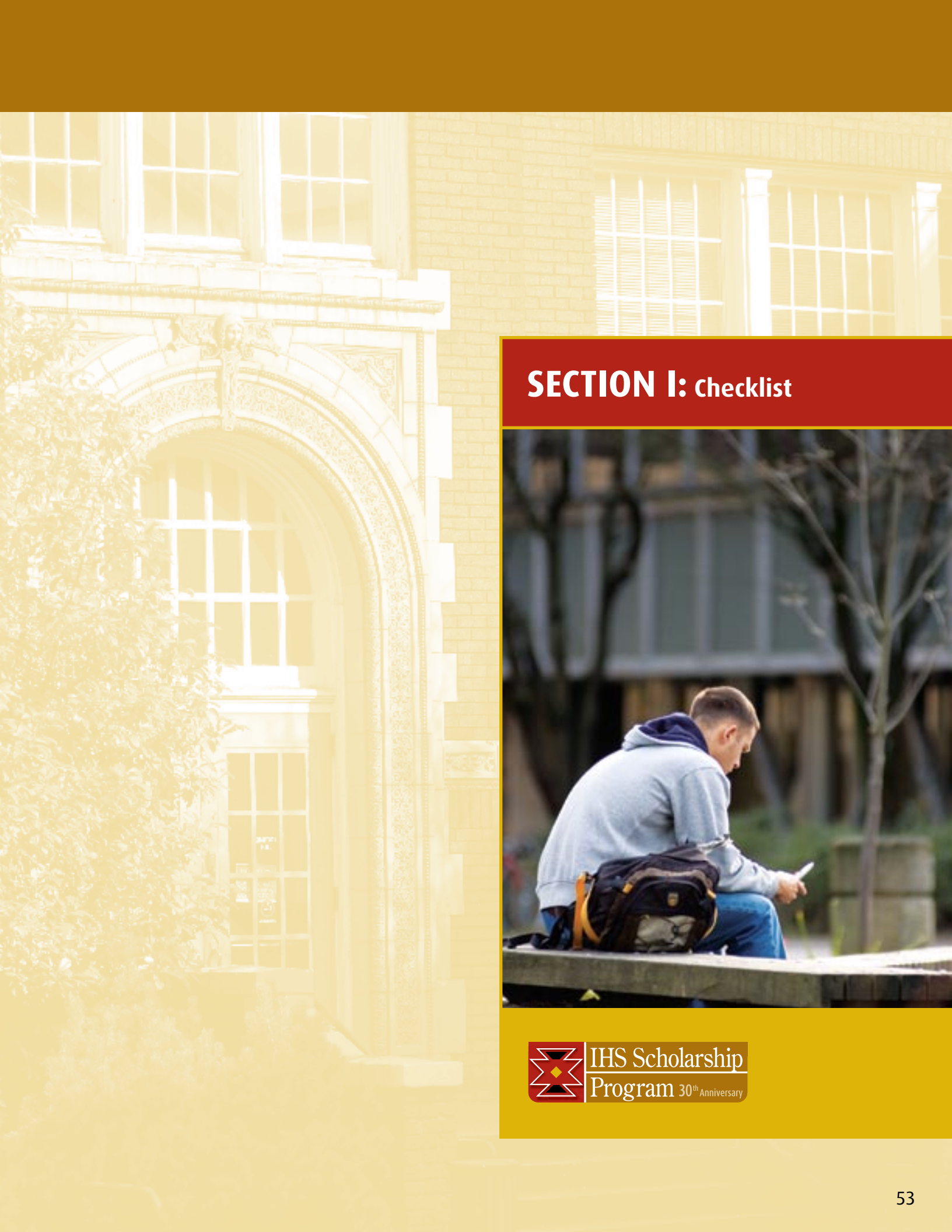
The Indian Health Service Scholarship Program (IHSSP) Student Handbook and the IHSSP Applicant Information-Instruction Booklet are incorporated by reference into this agreement.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Applicant Name <i>(Please Print)</i>	Applicant's Signature	Date
Secretary of Health and Human Services		Date

IHS-818 (8/06)

PSC Graphics (301) 443-1090 EF



SECTION I: checklist



Reporting

The following is a checklist of all reporting requirements and due dates. Please use this list to make sure that you meet all deadlines and requirements. For more detailed information, please see the Requirements section of this handbook.

ALL of the following reports and documents must be sent to:

IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville, MD 20852

- Initial Program Progress Report (Form IHS-856-10)**
Due: Within 30 days from the beginning of **each** semester or quarter.
- Official Transcript**
Due: Within 30 days from the end of each academic period.
- Notification of Academic Problem or Change (Form IHS-856-11)**
Due: Immediately.
- Change of Academic Status** (includes academic probation, withdrawal from school and dismissal from school)
Due: Immediately.
- School Transfer Request**
Due: At least 30 days prior to the time of transfer.
- Change of Health Discipline**
Due: Prior to changing health discipline (See page 13).
- Change in Graduation Date**
Due: Immediately.
- Program Change**
Due: At the end of the academic funding year.
- Leave of Absence Request**
Due: Immediately.
- Name Change**
Due: Immediately.
- Change of Address**
Due: Immediately.

Continuation

The following is a checklist of all continuation activities and due dates. Please use this list to make sure that you meet all deadlines and requirements. For more detailed information, please see the continuation section of this handbook.

All of the following forms are due March 28 of each year to the IHS Division of Grants Operations.

- Application: Continuation Students – Data Sheet (which you will receive in the mail)
- Letter of Acceptance from College/Proof of Application to Health Professions Program (Applicable to continuation students who are transferring schools, changing from 103/103P to 104, or changing disciplines).
- Official Transcripts: Applicant's Cumulative GPA Calculations
- Faculty/Employer Evaluations Form
- Delinquent Debt Form
- W-4 Form** with original signature.
- Course Curriculum Verification with original signature (If part-time, minimum of six credit hours).
- Acknowledgement Card
- Curriculum for Major

Health Professions Scholarship Program Only:

- Health Related Job Experience (MPH Only) – **Optional Form**

SECTION I: checklist

Additional Forms

The following is a checklist of all additional forms in the Forms section and due dates. Please use this list to make sure that you meet all deadlines and requirements.

- ❑ Lost Stipend Checks/Direct Deposit (Form IHS-856-9). Due: Notify the Grants Scholarship Coordinator, Division of Grants after the seventh day of the subsequent month from the month missed.
- ❑ Request for Tutorial Assistance (Form IHS-856-12). Due: To the IHS Scholarship Program, Scholarship Application/Award Analyst and awarded permission prior to tutorial assistance.
- ❑ Summer School Request (Form IHS-856-14). Due: To the IHS Scholarship Program, April 22 of the academic year.

Health Professions Scholarship Program Only

- ❑ Placement Update (Form IHS-856-14). Due: To the IHS Headquarters Placement Officer within 60 days of graduation and every 60 days thereafter until working at an approved site as a full-time employee in a clinical position.
- ❑ Notice of Impending Graduation (Form IHS-856-15). Due: To the IHS Scholarship Program one month prior to graduation.
- ❑ Extern Site Preference (Form IHS-856-16). Due: To the IHS Area Coordinator the first Friday of February of the academic year.
- ❑ Request for Extern Travel Reimbursement (Form IHS-856-17). Due: To the IHS Area Coordinator prior to travel.
- ❑ Annual Status Report (Form IHS-856-18). Due: To the IHS Scholarship Program prior to receiving credit for payback activity.
- ❑ Preferred Assignment (Form IHS-856-19). Due: To the IHS Scholarship Coordinator one month prior to graduation.
- ❑ Request for Prior Approval of Deferment (Form IHS-856-20). Due: To the IHS Scholarship Branch May 31 of the academic year.

SECTION J: Forms



Duplicates of these forms can be found at www.scholarship.ihs.gov.

Recipient Reporting Forms

- » **Lost Stipend Checks/Direct Deposit (Form IHS-856-9)**
- » **Initial Program Progress Report (Form IHS-856-10)**
- » **Notification of Academic Problem or Change (Form IHS-856-11)**
- » **Request for Tutorial Assistance (Form IHS-856-12)**
- » **Summer School Request (Form IHS-856-13)**
- » **Placement Update (Form IHS-856-14)**
- » **Notice of Impending Graduation (Form IHS-856-15)**
- » **Extern Site Preference Request (Form IHS-856-16)**
- » **Request for Extern Travel Reimbursement (Form IHS-856-17)**
- » **Annual Status Report (Form IHS-856-18)**
- » **Preferred Assignment (Form IHS-856-19)**
- » **Request for Prior Approval of Deferment (Form IHS-856-20)**
- » **Federal Income Tax Withholding (Form W-4)**

IHS-856-9 (Rev. 2/08)

LOST STIPEND CHECK / DIRECT DEPOSIT

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

*See Estimated Average Burden Time
per Response on Reverse Side*

IHS Division of Grants Operations
Grants Scholarship Coordinator
801 Thompson Avenue - TMP Suite 120
Rockville, Maryland 20852

Attention Grants/Financial Management:

I did not receive my Electronic Transfer of Funds in the amount of \$_____ for the
month _____. I believe the ETF was not received for the following reason:

_____.

Please trace and reissue as soon as possible.

Name: _____

Address: _____

Telephone and/or

Cell Phone Number: _____

Social Security Number: _____

E-Mail Address: _____

_____ Signature (Do Not Print)

Please return a completed IHS-856-9 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-9 (Rev. 2/08)

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, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-10 (Rev. 2/08)

**RECIPIENT'S INITIAL PROGRAM
PROGRESS REPORT**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

CIRCLE ONE: Semester Quarter

CIRCLE ONE: Full-time Part-time

CLASS ENROLLMENT - List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

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

DURING THIS REPORT PERIOD I WILL PARTICIPATE IN THE FOLLOWING SPECIAL ACTIVITIES IN MY SCHOOL OR COMMUNITY: _____

DURING THIS REPORT PERIOD I HAVE ENCOUNTERED THE FOLLOWING PROBLEMS WITH MY SCHOOL, COMMUNITY OR SCHOLARSHIP: _____

MAJOR ACTIVITIES WHICH WILL AFFECT ME IN THE COMING MONTHS ARE: _____

ADDITIONAL COMMENTS: _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE AND TITLE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.

*Please return a completed IHS-856-10 form to IHSSP,
801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.*

Reviewed (IHS use only): _____

IHS-856-10 (Rev. 2/08)

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, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-11 (Rev. 2/08)

NOTIFICATION OF ACADEMIC PROBLEM/CHANGE

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
See Estimated Average Burden Time per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

CIRCLE ONE: Semester Quarter

INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:

I AM CURRENTLY ENROLLED IN THE MINIMUM REQUIREMENT OF 12 CREDIT HOURS BUT AM HAVING PROBLEMS.

I HAVE BEEN PLACED ON ACADEMIC PROBATION.

I AM A PART-TIME STUDENT CURRENTLY ENROLLED IN AT LEAST 6 CREDIT HOURS BUT HAVING PROBLEMS.

I HAVE DROPPED COURSES WITH RECOMMENDATION AND APPROVAL OF MY ADVISOR.

Previous Enrolled Credit Hours _____ Current Enrolled Credit Hours _____

DESCRIPTION OF PROBLEM: _____

LIST BY COURSE NUMBER, TITLE, AND HOURS THE COURSES YOU ARE HAVING PROBLEMS IN:

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

DESCRIBE YOUR PROPOSED ACTION (i.e., obtain tutor assistance, seek no assistance and withdraw or terminate, etc.): _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
SCHOLARSHIP COORDINATOR'S SIGNATURE	DATE REVIEWED
BRANCH CHIEF'S SIGNATURE	DATE REVIEWED

Please return the completed IHS-856-11 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-11 (Rev. 2/08)

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, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-12 (Rev. 2/08)

REQUEST FOR TUTORIAL ASSISTANCE

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
See Estimated Average Burden Time per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

INDICATE ONE: Semester Quarter

CIRCLE ONE: Full-time Part-time

I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

SPECIFIC DESCRIPTION OF PROBLEMS: _____

DESCRIBE TUTOR ASSISTANCE NEEDED: _____

TUTORIAL REQUEST <i>(Must include all tutors and describe assistance needed)</i>					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
_____			_____		
_____			_____		
_____			_____		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST:					

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
DATE REVIEWED <i>(IHS use only)</i>	

Please return a completed IHS-856-12 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-12 (Rev. 2/08)

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, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-13 (Rev. 2/08)

SUMMER SCHOOL REQUEST

A Summer School Request must be received in the IHS Scholarship Office by April 22 of the academic year in order for an applicant to be eligible for Summer School.

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
See Estimated Average Burden Time per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

CIRCLE ONE: Full-time Part-time

CLEARLY AND SPECIFICALLY DEFINE THE PURPOSE OF YOUR REQUEST FOR APPROVAL TO ATTEND SUMMER SCHOOL: _____

PROPOSED SESSION(S) AND COURSE(S) <i>(Please include all courses required)</i>			
SUMMER SESSION I DATES:		FROM _____	To _____
COURSE NUMBER	TITLE		HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SUMMER SESSION II DATES:		FROM _____	To _____
COURSE NUMBER	TITLE		HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.			
FUNDING REQUESTED <i>(Must include tuition amount for each session):</i>			
	SUMMER SESSION I	SUMMER SESSION II	SUMMER SESSION III
TUITION	_____	_____	_____
FEES	_____	_____	_____
TOTAL	_____	_____	_____

APPLICANT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
SCHOLARSHIP COORDINATOR'S SIGNATURE	DATE

*Please return the completed IHS-856-13 form to IHSSP,
801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.*

DATE REVIEWED *(IHS use only)*

IHS-856-13 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 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, RE: PRA 0917-0006.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

PLACEMENT UPDATE

IHS-856-14 (Rev. 2/08)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

SUBMITTED ON: _____ Date/Year

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - TMP Suite 450
Rockville, Maryland 20852

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

OF 612 – Optional Application for Federal Employment or Commissioned Corps Application (PHS Form 50), Health Professions Scholarship Program Service Obligation Preferred Assignment Form (Form **IHS-856-19**) sent to IHSSP Placement Officer: _____

POSITIONS APPLIED FOR (Rejection Letters Attached):

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Signature (*Do Not Print*)

Please return the completed IHS-856-14 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-14 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 11 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, RE: PRA 0917-0006.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
NOTICE OF IMPENDING GRADUATION

IHS-856-15 (Rev. 2/08)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - TMP Suite 450
Rockville, Maryland 20852

I will be graduating in _____ Month/Year

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

Intend to Defer (Medical Students ONLY): _____

Signature (*Do Not Print*)

Please return the completed IHS-856-15 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-15 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 10 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, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-16 (Rev. 2/08)

EXTERN SITE PREFERENCE REQUEST

FORM APPROVED: OMB Approval No. 0917-0006 Exp. Date: 2/28/2011 See Estimated Average Burden Time per Response on Reverse Side

I am applying to: [] Civil Service [] COSTEP Program

Form with fields: APPLICANT'S NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE AND TELEPHONE NUMBER, EMAIL ADDRESS

HEALTH PROFESSION CURRENTLY ENROLLED IN: _____

PROJECTED GRADUATION DATE: _____ CURRENT GPA: _____

NAME OF UNIVERSITY: _____

DO YOU PLAN TO CHANGE YOUR MAJOR OR SCHOOL? EXPLAIN: _____

DATES AVAILABLE FOR EXTERN ASSIGNMENT: From _____ To _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

Form titled 'EXTERNSHIP SITE PREFERENCE' with sections for preferred IHS area/program location and preferred IHS hospital/clinic.

COMMENTS: _____

Extern Applicant's Signature _____ Date _____

Please return the completed IHS-856-16 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see Section G Contact Information of the Student Handbook).

IHS-856-16 (Rev. 2/08)

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.

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PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-17 (Rev. 2/08)

REQUEST FOR EXTERN TRAVEL REIMBURSEMENT

FORM APPROVED:
 OMB Approval No. 0917-0006
 Exp. Date: 2/28/2011
 See Estimated Average Burden Time
 per Response on Reverse Side

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

EXTERN APPLICANT'S NAME	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
AREA CODE AND TELEPHONE NUMBER	EMAIL ADDRESS

BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL

PURPOSE OF TRAVEL: _____

DATES OF TRAVEL: _____

LOCATION OF TRAVEL: From _____
 To _____

NUMBER OF AUTO MILES: _____

NUMBER OF DAYS: _____

COACH AIR FARE: _____

COMMENTS: _____

EXTERN APPLICANT'S SIGNATURE	DATE
EXTERN'S SUPERVISOR or BRANCH CHIEF SIGNATURE	DATE

Please return the completed IHS-856-17 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see Section G Contact Information of the Student Handbook).

IHS-856-17 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 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, RE: PRA 0917-0006.

**HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
ANNUAL STATUS REPORT**

IHS-856-18 (Rev. 2/08)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

APPLICANT'S NAME		
STREET ADDRESS		EMAIL ADDRESS
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		SOCIAL SECURITY NUMBER

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

ASSIGNMENT LOCATION: INDIAN HEALTH SERVICE URBAN INDIAN HEALTH PROGRAM
 PRIVATE PRACTICE 638 COMPACT OR CONTRACT

NAME OF FACILITY		
STREET ADDRESS		
CITY	STATE	ZIP CODE

MY CURRENT POSITION TITLE: _____

(ATTACH TO THIS REPORT A COPY OF YOUR PERSONNEL ORDERS OR SF-50 AND A COPY OF YOUR CURRENT POSITION DESCRIPTION.)

NON-IHS EMPLOYEES MUST ATTACH A SUMMARY WHICH IDENTIFIES THE PURPOSE, MISSION OR NATURE OF THE EMPLOYING ORGANIZATION AND THE POPULATION SERVED BY THE ORGANIZATION.

COMMENTS: _____

SCHOLARSHIP RECIPIENT'S SIGNATURE		DATE
IMMEDIATE SUPERVISOR'S SIGNATURE		DATE
SUPERVISOR'S TITLE		SUPERVISOR'S TELEPHONE NUMBER

Please return the completed IHS-856-18 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-18 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 15 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, RE: PRA 0917-0006.

**HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
PREFERRED ASSIGNMENT**

IHS-856-19 (Rev. 2/08)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

APPLICANT'S NAME		
STREET ADDRESS		EMAIL ADDRESS
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		SOCIAL SECURITY NUMBER

BACKGROUND

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: _____

MY SERVICE OBLIGATION PERIOD CONSISTS OF (CIRCLE ONE): 1 2 3 4 years.

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR PLACEMENT:

- | | | |
|--|--|---|
| <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Navajo, AZ | <input type="checkbox"/> Tucson, AZ |
| <input type="checkbox"/> Anchorage, AK | <input type="checkbox"/> Okla City, OK | |
| <input type="checkbox"/> Bemidji, MN | <input type="checkbox"/> Phoenix, AZ | |
| <input type="checkbox"/> Billings, MT | <input type="checkbox"/> Portland, OR | |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:

- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

I understand that IHS officials negotiate the assignment; however, the Director, IHS has the right to make the final decision regarding my Health Professions Section 104 Service Obligation assignment.

Applicant's Signature

Date

Please return the completed IHS-856-19 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-19 (Rev. 2/08)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 45 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, RE: PRA 0917-0006.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

IHS-856-20 (Rev. 2/08)

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011
*See Estimated Average Burden Time
per Response on Reverse Side*

REQUEST FOR PRIOR APPROVAL OF DEFERMENT

This document represents a prior request from you for the deferment of your service obligation incurred under Section 338-A of the Public Health Service Act.

Name: _____

Address: _____

Email Address: _____

Daytime Telephone Number: _____

Social Security Number: _____

Postgraduate Clinical Program: _____

Program Director's Name and Clinic Address: _____

Length of Program: _____

Date available for Service: _____

Name, address, and telephone number (other than your own) of a person through whom you may always be reached:

Recipient's Signature

Date

Please return the completed IHS-856-20 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-20 (Rev. 2/08)

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.

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Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

1	Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See <i>Worksheet 2</i> in Pub. 919 for details.)	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from <i>Worksheet 8</i> in Pub. 919)	5	\$ _____
6	Enter an estimate of your 2008 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3."	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Continuation Step-by-Step Instructions and Forms

- » Letter of Acceptance
- » Official Transcripts
- » Faculty/Employer Evaluations Form
- » Delinquent Debt Form
- » Federal Income Tax Withholding (Form W-4)
- » Course Curriculum
- » Acknowledgement Card
- » Curriculum for Major
- » Health Related Job Experience Form

Letter of Acceptance or Proof of Application to Health Professions Program

Health Preparatory and Pre-Graduate Applicants: A general acceptance into school for the fall/spring academic year in which you are applying for scholarship support will satisfy this requirement.

Health Professions Applicants: You are required to submit a specific letter of acceptance (the most current) showing you have been accepted into your specific health category. A letter of general admission is not acceptable.

If you have applied to more than one school and are awaiting acceptance from any one of them, you must include letters from *all* of the schools you have applied to stating that your application for admission has been received. These letters must include the date formal acceptance will be given if you are accepted. If you submit such letters, you must follow up with evidence of official acceptance to the school you choose to attend *as soon as you are informed of your acceptance*. This official acceptance must be received by IHS prior to the selection of students to be awarded (later dates of acceptance can be considered on a case-by-case review and if there is documentation from the school to this effect).

If you have received letters of acceptance, include all of them and all course curriculum verification forms.



January 11, 2007

██████████
██████████
██████████

ASU ID: 993917544

Dear ██████

It is my pleasure to inform you that you have been admitted to Arizona State University, an academic community nationally recognized for innovative programs, distinguished faculty, and an outstanding campus environment. I commend you for selecting ASU as your pathway to success and welcome you to the university community.

Please review the enclosed information carefully as it contains your term of admission, entry level, college and major, conditions of admission, and a summary of any transfer credits granted. If you have questions about this information, you may call the Undergraduate Admissions Office at 480.965.7788.

Arizona State University is committed to providing you with all of the necessary resources to help you make the most of your college experience. Taking advantage of these resources and completing all of the necessary steps before enrollment will enhance your ability to succeed.

Congratulations again on your admission to Arizona State University! I look forward to seeing you on campus.

Sincerely,

Martha W. Byrd
Dean

Health Professions Letter of Acceptance is for example purposes only.



Eleanor Mann School of Nursing
College of Education and Health Professions

217 Ozark Hall
Fayetteville, Arkansas 72701
(479) 575-3904
(479) 575-3218 (FAX)

February 6, 2007

To Whom It May Concern:

██████████ is enrolled in the Eleanor Mann School of Nursing at the University of Arkansas. ██████████ began her first semester in the program as of January, 2007. She will continue in the program for the fall semester.

Thank you,


A handwritten signature in black ink, appearing to read "Tom Kippenbrock".

Tom Kippenbrock,
Professor and Director

Official Transcripts for all Colleges

You must submit *official* transcripts (not copies of transcripts) for all colleges and universities you have attended. *Official transcript* means the institutional seal and/or the signature of the registrar *must* be present. If you have not attended a college or university, submit official transcripts from your high school. If you did not graduate from high school, submit a copy of an official document that verifies high school equivalency. On the checklist form, enter your current cumulative grade point average (GPA) in the space provided on line 4.


Name: [REDACTED]
 Date-Printed: [REDACTED]
 Student-ID: [REDACTED]
 Page: 1 of 1



NORTHEASTERN
 STATE UNIVERSITY
 Tahlequah, Oklahoma 74464-2399
 FICE 0003161


Issued To: [REDACTED]
 [REDACTED]
 [REDACTED]


Dept	CR.#	Description	Gr	Hrs	Pts	Dept	CR.#	Description	Gr	Hrs	Pts	Dept	CR.#	Description	Gr	Hrs	Pts						
----- TRANSFER CREDITS -----																							
----- SPRING 2004 -----																							
COMMONS STATE COLLURE						ECON 1123 GEN SOC (LAB)						ACCUH **1.0 **74.0 *275.0 *3.873											
TRANS ATT **3.0 EARN **3.0 GPA 4.000						HIST 1493 AM HIST SINCE 1876 P A 3 U 12						G/R **71.0 **74.0 *275.0 *3.873											
ENGL 1213 FRESHMAN COMP II P 3 U 0						ECON 1123 GEN SOC (LAB) A 3 U 12						----- END OF ACADEMIC TRANSCRIPT -----											
----- NORTHEASTERN CLASSES -----																							
----- SPRING 2004 -----																							
MIS 1003 COMP IN MOD SOC A 3 U 12						MATH 1413 PLANE TRIG B 3 U 9						----- UNDERGRADUATE TOTALS -----											
N ED 1113 PERSONAL HEALTH A 3 U 12						SEM-D ATT **14.0 EARN **14.0 GPA 3.642						NR ATT NR EARN GRS GPA											
BIO-U ATT **4.0 EARN **4.0 GPA 4.000						ACCUH ATT **44.0 EARN **44.0 GPA 3.886						ACCUH **1.0 **74.0 *275.0 *3.873											
ACCUH ATT **9.0 EARN **9.0 GPA 4.000						G/R ATT **44.0 EARN **44.0 GPA 3.886						----- END OF ACADEMIC TRANSCRIPT -----											
G/R ATT **9.0 EARN **9.0 GPA 4.000						----- FALL 2004 -----																	
CHEM 1123 GEN CHEM I LAB A 3 U 4						BIOL 2224 MICROBIOL (LAB REQ) B 4 U 12						BIOL 2224 MICROBIOL (LAB REQ) B 4 U 12						SOC 1113 INTRO TO SOCIOLOGY A 3 U 12					
CHEM 1131 GEN CHEM I LAB A 1 U 4						PSYC 2154 HUMAN ADPT (LAB REQ) A 4 U 14						SOC 1113 INTRO TO SOCIOLOGY A 3 U 12						PSYC 1113 INTRO TO PSYCHOLOGY A 3 U 12					
SEM-U ATT **4.0 EARN **4.0 GPA 4.000						SEM-U ATT **14.0 EARN **14.0 GPA 3.714						SEM-U ATT **14.0 EARN **14.0 GPA 3.714						SOC 2154 HUMAN ADPT (LAB REQ) A 4 U 14					
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G/R ATT **13.0 EARN **13.0 GPA 4.000						----- SPRING 2004 -----																	
CHEM 1231 GEN CHEM II LAB A 1 U 4						FCS 1653 HABIL NUTRITION A 3 U 12						FCS 1653 HABIL NUTRITION A 3 U 12						FSTC 2023 LEXE-SPAN DEVELOP A 3 U 12					
ORIE 1001 COLL STRATEGIES-PLC A 1 U 4						ENGL 3413 WORLD LITERATURE A 3 U 12						ENGL 3413 WORLD LITERATURE A 3 U 12						ENGL 3413 WORLD LITERATURE A 3 U 12					
GEOG 2243 FUNDAMENTALS OF GEO A 3 U 12						ZOO 3314 HUMAN PHYSIOL (LAB REQ) A 4 U 14						ZOO 3314 HUMAN PHYSIOL (LAB REQ) A 4 U 14						ZOO 3314 HUMAN PHYSIOL (LAB REQ) A 4 U 14					
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POLS 1113 AMER FED GOVT PLC A 3 U 12						SEM-U ATT **17.0 EARN **17.0 GPA 4.000						SEM-U ATT **17.0 EARN **17.0 GPA 4.000						SEM-U ATT **17.0 EARN **17.0 GPA 4.000					
SEM-U ATT **17.0 EARN **17.0 GPA 4.000						ACCUH ATT **30.0 EARN **30.0 GPA 4.000						ACCUH ATT **30.0 EARN **30.0 GPA 4.000						ACCUH ATT **30.0 EARN **30.0 GPA 4.000					
G/R ATT **30.0 EARN **30.0 GPA 4.000						G/R ATT **30.0 EARN **30.0 GPA 4.000						G/R ATT **30.0 EARN **30.0 GPA 4.000						G/R ATT **30.0 EARN **30.0 GPA 4.000					



REFLECT DOCUMENT IF SIGNATURE IS DISTORTED
 AN OFFICIAL SIGNATURE IS WHITE ON A GREEN BACKGROUND

WILLIAM E. NOWLIN, DEAN OF
 ENROLLMENT MANAGEMENT / REGISTRAR





Faculty/Employer Evaluations (Attachment II)

You are required to submit **two** completed faculty/employer evaluations, with original signatures (Attachment II, form IHS-856-4). **You must use this form. A letter of recommendation without this form is *not* acceptable.** This is an important part of the selection process, as these evaluations will be used to determine your rating.

Provide these forms to faculty and employer personnel who can evaluate your school/work performance. Collect the completed forms and submit them with your application. Make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest at the bottom of the form, certifying that the evaluator isn't related to you by blood or marriage.

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
FACULTY/EMPLOYER EVALUATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

The student identified above is applying to receive an Indian Health Service (IHS) Scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational/work achievement of this applicant? *(Please provide written comments.)*

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

2. How do you rate the applicant's relationships with other people?

Consider such things as ability to work and get along with others. *(Please provide written comments.)*

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

3. Based on this applicant's personal, emotional, ethical attributes, how do you rate his/her over-all potential for the practice of primary health care, especially in a health manpower shortage area?

(Please provide written comments.)

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Please provide written comments:

Type of work: _____

Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

NAME (Print or type)	SIGNATURE	DATE
TITLE OF POSITION	PLACE OF EMPLOYMENT	

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

See Estimated Average Burden Time
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2. How do you rate the applicant's relationships with other people?
Consider such things as ability to work and get along with others. *(Please provide written comments.)*

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

3. Based on this applicant's personal, emotional, ethical attributes, how do you rate his/her over-all potential for the practice of primary health care, especially in a health manpower shortage area?
(Please provide written comments.)

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Please provide written comments:

Type of work: _____

Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

NAME (Print or type)	SIGNATURE	DATE
TITLE OF POSITION	PLACE OF EMPLOYMENT	

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

Delinquent Federal Debt Form (Attachment IV)

The purpose of this form (IHS-856-6) is to determine if you have any delinquent federal debt. This includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS doesn't consider deferred loans to be delinquent.

You must complete and sign this form, and include it with your application. Fill in your name, career category, Social Security number, email address and the IHS office through which you are applying. Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO", sign and date the form at the bottom and submit it with your application.

If you are delinquent on the repayment of any federal debt, check "YES". Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as student loan or HUD mortgage, for example), the name and phone number of a contact person handling your debt, and the account number.

Additionally, you must include a notarized power of attorney, authorizing IHS Grants Management Branch personnel to inquire on your debt. Your application will not be considered for an award if you do not include this authorization. If you have any questions regarding the power of attorney, contact the IHS Grants Management Branch.



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

FORM APPROVED:
 OMB Approval No. 0917-0006
 Exp. Date: 2/28/2011

See Estimated Average Burden Time
 per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
 DELINQUENT FEDERAL DEBT
 (Required form)**

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

INSTRUCTIONS:

The applicant must complete and forward this sheet with the application and required documents. Please check the appropriate box below. If the "Yes" box is checked, please provide an explanation in the space provided.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Indian Health Service.

ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)

No Yes

If your response was "Yes," please provide an explanation in the space provided below. Explanation must include name of Federal Agency (*Debt*), type (*student loan, HUD Mortgage, etc.*), telephone number and name of contact person(s) handling debt, and account number if different from your SSN. **You must also provide a notarized power of attorney authorizing IHS Grants Management Branch personnel to inquire on your debt. If authorization is not included, your application will not be considered for an award.**

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be subject to penalties under U.S. code, Title 18, Section 1001.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

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).

Federal Income Tax Withholding (W-4 Form)

IHS scholarship benefits paid to you are subject to federal income tax. You must complete the Internal Revenue Service (IRS) W-4 form in order to comply with tax withholding requirements in the event you are selected.

If you **do not** want tax withheld from your monthly stipend check, you should claim "exempt" on the W-4 form and do not fill in line 17b, Section A of Form IHS-856 (bubble sheet).

If you **do** want tax withholding, complete the W-4 form and fill out the information requested in Section A of Form IHS-856 (bubble sheet), lines 17a through d. Return the W-4 with your application.

If you have any questions regarding the W-4 form, contact your local Internal Revenue Service office or visit the IRS Web site at www.irs.gov. The form is available at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>.



Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck				
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability . If you meet both conditions, write "Exempt" here ▶ 7 _____				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter:

{	\$10,900 if married filing jointly or qualifying widow(er)	}	2	\$	
\$ 8,000 if head of household						
\$ 5,450 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Course Curriculum Verification (Attachment I)

This form (IHS-856-3) is to be completed and signed by the appropriate official at the college or university you are attending. The purpose is to verify that you have applied for admission to the school or have enrolled for the upcoming academic year.

Before giving the form to your school, fill in the information in the four boxes at the top: your name, Social Security number, your career category and your email address. In the fifth box, check the specific scholarship for which you are applying. Next, fill in the name of your school, and in the next sentence, circle your status (full-time or part-time, printed in boldface). If you are enrolling in a preparatory program, fill in the name of the program in the blank space.

The next section provides spaces for you to list the coursework you are planning to take for the academic year. For each semester or quarter, write in the course number, the credit hours and the course title. In the space to the right of each section, fill in the total number of credit hours for the semester or quarter.

Give the form to your college advisor or counselor, who must sign and date the form, and provide their correct title and a contact phone number. Obtain the completed form from your school official and submit it with your application.



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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
COURSE CURRICULUM VERIFICATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

- (Check one)
- HEALTH PROFESSIONS PREGRADUATE – Section 103(b)(2)
 - HEALTH PROFESSIONS PREPARATORY – Section 103(b)(1)
 - HEALTH PROFESSIONS – Section 104

THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL

This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) _____ for the academic year 2008-2009. He/She will be enrolled in either a **full-time or part-time (circle one)** undergraduate curriculum leading to a bachelor's degree in premedicine; or a preparatory curriculum which fulfills the requirement for admission into his/her chosen health program of _____; or the student is enrolled in a health professional program that is eligible for funding under this scholarship program. The individual will be enrolled/or is anticipated to be enrolled in the following courses **commencing Fall 2008**.

*****ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION.*****

SEMESTER I OR QUARTER I		TOTAL S/Q I HOURS: _____
<i>COURSE NUMBER</i>	<i>CREDIT HOURS</i>	<i>COURSE TITLE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEMESTER II OR QUARTER II		TOTAL S/Q II HOURS: _____
<i>COURSE NUMBER</i>	<i>CREDIT HOURS</i>	<i>COURSE TITLE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARTER III		TOTAL Q III HOURS: _____
<i>COURSE NUMBER</i>	<i>CREDIT HOURS</i>	<i>COURSE TITLE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISOR OR COUNSELOR SIGNATURE	TITLE	DATE

PRINT NAME	PHONE NUMBER

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 42 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).

Acknowledgement Card

This form (IHS-815) is a postcard that IHS will mail back to you within four weeks of receipt of your application. Enter your name and address on the front of the card and submit it with your application. When you receive it back from IHS, please keep it for your records.



**INDIAN HEALTH SERVICE
SCHOLARSHIP PROGRAM
ADDRESS CHANGE NOTICE**

PRINT NAME: _____ FIRST _____ MIDDLE _____ LAST _____

OLD ADDRESS: _____

City: _____

State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

NEW ADDRESS: _____

City: _____

State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

EFFECTIVE DATE OF CHANGE: _____

(Please fold on dotted line and tape closed on all three sides)

Check Appropriate Box

- I already have an IHS scholarship.
- I am in postgraduate training.
- I am in active duty.

SIGNATURE: _____

Enter YOUR complete mailing address on the IHS SCHOLARSHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.

The Address Change Notice (IHS-816) card should be retained for future use.

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Indian Health Service
Rockville MD 20852

Official Business
Penalty for Private Use \$300

PLEASE PRINT NAME AND ADDRESS

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Indian Health Service
Rockville MD 20852

Official Business
Penalty for Private Use \$300

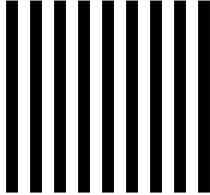
BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 2787 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service Scholarship Program
801 Thompson Avenue - Suite 450
Rockville MD 20852-9736

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**Your application for an
INDIAN HEALTH SERVICE SCHOLARSHIP
has been received by this office.**

Please notify this office of changes in address or telephone.
You may be contacted by the Scholarship Program should
further information be needed.

FROM: Grants Management Officer
Division of Grants Operations
Division of Acquisition and Grants Operation
Indian Health Service Scholarship Program
801 Thompson Avenue - Suite 120
Rokville, Maryland 20852

IHS-815
Rev. 2/08

Acknowledgement of Receipt of Application



Curriculum for Major

You will need a copy of the course curriculum for your major. This can usually be obtained from your school catalogue or your majors department office. Attach the Curriculum for Major to the Course Curriculum Verification form.

ELEANOR MANN SCHOOL OF NURSING UNIVERSITY OF ARKANSAS FAYETTEVILLE, ARKANSAS BACCALAUREATE NURSING PROGRAM CURRICULUM PLAN GENERIC			
FRESHMAN YEAR		SOPHOMORE YEAR	
Semester I		Semester I	
Course	Hours	Course	Hours
ENGL 1013 Composition I	3	*Social Science (except HESC 1403)	3
MATH 1203 College Algebra (or higher)	3	HESC 1403 Life Span Development	3
BIOL 1543 / BIOL1541L Principles of Biology	4	*U.S. History	3
CHEM 1074 /1071L Fundamentals of Chemistry	5	ENGL 2003 Advanced composition (or Exempt)	0-3
	15	BIOL 2213 & 2211L Human Physiology w/Lab	4
		Elective	1-4
			17
Semester II		Semester II	
ENGL 1023 Composition II	3	PHIL 2003, 2103, or 3103	
*Social Science (except HESC 1403)	3	Intro to Philosophy, Ethics, or Medical Ethics	3
NURS 2022 Intro to Professional Nursing Concepts	2	*Fine Arts or Humanities (select from category a), c), or d)	3
BIOL 2443 & 2441L Human Anatomy w/Lab	4	BIOL 2013/2011L Microbiology w/Lab	4
Elective	2	NURS 2032 Therapeutic Communication	2
	15	NURS 2012 Nursing Informatics	2
		EDFD 2403 Statistics in Nursing, PSYC2013 or STAT2303	2
			17
*Core areas must be completed as outlined in Catalog of Studies			
NOTE: This Eight Semester Plan does not comply with the ACT 1014 requirements.			
Nursing requires admission following pre-professional study or graduation cannot be guaranteed to new freshmen.			
GENERIC NURSING BSN CURRICULUM PROGRAM PLAN PROFESSIONAL PROGRAM OF STUDY			
JUNIOR YEAR		SENIOR YEAR	
Semester I		Semester I	
COURSE	HOURS	COURSE	HOURS
NURS 3212 Teaching and Health Promotion	2	NURS 4134 Nursing Concepts: Child and Family	4
NURS 3313 Pharmacology	3	NURS 4164 Professional Role Implementation IV: Teacher	4
NURS 3314 Pathophysiology	4	NURS 4242 Management in Nursing	2
NURS 3321E Health Assessment	1	NURS 4263 Nursing Concepts: Older Adult	3
NURS 3422 Nursing Concepts: Foundations	2	NURS 4273 Professional Role Implementation V: Manager	2
NURS 3424 Professional Role Implementation I: Caregiver	8		
	16		16
Semester II		Semester II	
NURS 3634 Nursing Concept: Adult Health	4	NURS 4443 Nursing Concepts: Critical Care	3
NURS 3643 Professional Role Implementation II: Caregiver	3	NURS 4433 Professional Role Implementation VI: Role Synthesis	3
NURS 3742 Nursing Concept: Mental Health and Illness	2	NURS 4603 Nursing Concepts: Communities	3
NURS 3752 Professional Role Implementation III: Caregiver	2	NURS 4613 Professional Role Implementation VII: Role Synthesis	3
NURS 3841E Professional Nursing Skills - Advanced	1	NURS 4712 Seminar in Professional Nursing	2
NURS 3842 Research in Nursing	2		
	14		14
Note: This curriculum is subject to change without notice.			
Total for Bachelor of Science in Nursing: 124 credit hours			



Health Related Job Experience (Attachment V)

For MPH Candidates Only (This Form is Optional)

To be considered for a scholarship for a Master of Public Health (MPH), you must have a degree in a health-related discipline and be accepted into an MPH program. This form (IHS-856-7) is optional and is provided for you to document any health-related or volunteer job experience you might have. Fill in your name, career category, Social Security number, email address and the IHS office through which you're applying.

For each individual job, and beginning with your most recent work experience, provide the exact title of your position, the dates you were employed (month and year), the average number of hours you worked per week, and your job status (paid or volunteer). Next, describe your specific duties, responsibilities and accomplishments in this position. Submit this form with your application.



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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
JOB EXPERIENCE (MPH Students Only) [Optional]**

NAME OF APPLICANT	CURRENT CAREER CATEGORY
-------------------	-------------------------

SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH
------------------------	---------------	---

HEALTH RELATED JOBS OR VOLUNTEER EXPERIENCE (BEGIN WITH MOST RECENT WORK EXPERIENCE)

A. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year)	Average # of Hrs.	STATUS	
	FROM: TO:	Worked per Week	PAID	<input type="checkbox"/> Yes <input type="checkbox"/> No
			VOLUNTEER	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

B. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year)	Average # of Hrs.	STATUS	
	FROM: TO:	Worked per Week	PAID	<input type="checkbox"/> Yes <input type="checkbox"/> No
			VOLUNTEER	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

C. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year)	Average # of Hrs.	STATUS	
	FROM: TO:	Worked per Week	PAID	<input type="checkbox"/> Yes <input type="checkbox"/> No
			VOLUNTEER	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

D. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year)	Average # of Hrs.	STATUS	
	FROM: TO:	Worked per Week	PAID	<input type="checkbox"/> Yes <input type="checkbox"/> No
			VOLUNTEER	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

E. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year)	Average # of Hrs.	STATUS	
	FROM: TO:	Worked per Week	PAID	<input type="checkbox"/> Yes <input type="checkbox"/> No
			VOLUNTEER	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

SECTION K: Disclaimers



Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance.”

Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.



Privacy Act Notice

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

Authority

Sections 751-757 of the Public Health Service Act and Sections 102 and 104 of the Indian Health Care Improvement Act (P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, and 1996 (P.L. 100-713, P.L. 102-573 and P.L. 704-313).

Purposes and Uses

The purpose of the Indian Health Service Scholarship Programs is to obtain health professionals to meet the staffing needs of Indian health programs in health manpower shortage areas.

The information you supply will be used to evaluate your qualifications and suitability for participation in the program. Selections are made on a competitive basis. A selectee's application and related data are made part of the file to be used within the Department of Health and Human Services for record keeping and participant management while the selectee is in the program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office, and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending, and the date of graduation, may be made available to health professions associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources, and to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research. You are asked to provide your Social Security number on a voluntary basis. Should you not provide this information and you are awarded a scholarship, this number will be required later for purposes of payroll and payments to you of Scholarship benefits.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security number, an application will be considered incomplete and chances for selection are diminished.

Reporting Fraud and Abuse

The General Accounting Office maintains a toll-free number, **(800) 424-5454**, for receiving information concerning fraud, waste and abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

The Health and Human Services (HHS) Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

For contacting the HHS Inspector General:

Toll free Hotline: (800) 447-8477

Outside Maryland: (800) 368-5779

Mailing address: Department of Health and Human Services
Office of the Inspector General
Box 23489

Washington, DC 20007

Email: HHStips@oig.hhs.gov

Web site: oig.hhs.gov/hotline.html



Your Health Career Starts Here

IHS Scholarship Program
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Scholarship Branch Phone: (301) 443-6197
Division of Grants Operations Phone: (301) 443-0243

www.scholarship.ihs.gov

