



FISCAL YEAR 2007

**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

FOR THE

**Indian Health Service
Scholarship
Programs**



Department of Health and Human Services
Public Health Service
Indian Health Service

**** Notice ****

If you are applying for the Indian Health Service (IHS) Scholarship, please keep in mind that this is a **HIGHLY** competitive scholarship. There is no guarantee that you will be awarded. You should seek other sources of financial aid at the same time that you are applying for this scholarship.



**FISCAL YEAR 2007
INDIAN HEALTH SERVICE
SCHOLARSHIP PROGRAMS**

Competitive applications are now being accepted for academic year 2007-2008 Indian Health Service (IHS) Scholarship Programs. The following IHS Scholarship Programs are authorized under Title I, The Indian Health Care Improvement Act, Public Law 94-437, as amended: (1) Health Professions Preparatory Scholarship Program, (2) Health Professions Pregraduate Scholarship Program, and (3) Health Professions Scholarship Program.

Applicants have two enrollment options: (1) full time, or (2) part time. The enrollment option designated must be maintained the entire academic year. No one may enroll part-time one semester or quarter and full-time the other semester or quarter.

This application kit contains four sections: (1) FY 2007 IHS Scholarship Program Announcement, (2) Application Instructions and Forms, (3) Scholarship Application Checklist, and (4) Application Receipt Card IHS-815 (10/05).

Applications must be developed and submitted in accordance with the instructions identified in this booklet. **Complete applications, specifically, ONE ORIGINAL APPLICATION AND A COPY OF THE ORIGINAL IN ITS ENTIRETY, including all required documentation, must be received in the appropriate IHS Area Scholarship Coordinator's office BY CLOSE OF BUSINESS, FEBRUARY 28, 2007.**

NOTE: If the deadline falls on a weekend, your application must be postmarked no later than February 28, 2007, and must arrive at the appropriate office by the next business day.

PLEASE NOTE: Blank pages in this PDF file represent the blank reverse side of certain pages in the original booklet. Using the “Facing” page layout option in Adobe Acrobat may give a more “book-like” view of all pages in this PDF file.

APPLICANT
INFORMATION – INSTRUCTION
BOOKLET

ACADEMIC YEAR 2007 – 2008

- HEALTH PROFESSIONS PREPARATORY
- HEALTH PROFESSIONS PREGRADUATE
 - HEALTH PROFESSIONS

INDIAN HEALTH SERVICE SCHOLARSHIP BRANCH
801 Thompson Avenue – Suite 120
Rockville, Maryland 20852
Telephone: (301) 443-6197

INDIAN HEALTH SERVICE
Division of Grants Operations
801 Thompson Avenue – Suite 120
Rockville, Maryland 20852
Telephone: (301) 443-0243

**COMPLETED APPLICATIONS MUST BE SUBMITTED
TO THE AREA SCHOLARSHIP COORDINATOR**

**CLOSING DATE: FEBRUARY 28, 2007
NO EXTENSIONS GRANTED**

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.

KEEP THIS BULLETIN

This Application Information Bulletin explains the terms of Indian Health Scholarships received in the 2007-2008 school year and should be retained for your files.

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 the Indian Health Service 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 NON-DISCLOSURE

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.

DEADLINE DATE

The application deadline date is **February 28, 2007**. All application materials must be received by the Area Scholarship Coordinator by this date (any additional information must be submitted prior to receipt at the Rockville, Maryland Division of Grants Operations). Meeting the deadline date is your responsibility; no extensions will be granted. It is to your advantage to submit with your application all the forms and documents that may be required.

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Back cover (both sides)

OTHER FORMS INCLUDED IN THE APPLICATION PACKET

- Indian Health Scholarship Program – New Application 2007-2008 (Form IHS-856)
- Change of Address Card (Form IHS-816)
- Acknowledgment Card (Form IHS-815)
- Privacy Act Notice



**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART ONE

FY 2007

**Indian Health Service
Scholarship Descriptions**



Department of Health and Human Services
Public Health Service
Indian Health Service

**INDIAN HEALTH SERVICE AREA OFFICES AND
SPECIAL SCHOLARSHIP OFFICES**

| <i>IHS AREA OFFICE AND STATES/LOCALITY SERVED</i> | <i>ADDRESS OF AREA</i> | <i>SCHOLARSHIP COORDINATOR</i> | <i>COMMERCIAL FTS TELEPHONE</i> |
|---|---|--|--|
| Aberdeen Area Iowa Nebraska North Dakota South Dakota | Aberdeen Area, IHS Division of Personnel Management 115 4th Avenue, SE - Federal Bldg. Aberdeen, South Dakota 57401 | Ms. Kim Lawrence e-mail: kim.lawrence@ihsabr.ihs.gov | Comm: 605-226-7532 FAX: 605-226-7321 |
| Alaska Area Tribal Health Consortium Alaska | Alaska Area Tribal Health Consortium 400 Ambassador Drive Anchorage, Alaska 99508 | Mr. Michael Jerue and Ms. Krista Hepworth e-mail: mjerue@anthc.org khepworth@anthc.org | Comm: 907-729-1913 FAX: 907-729-1335 800-684-8361 |
| Albuquerque Area Colorado New Mexico | Albuquerque Area, IHS 5300 Homestead Road, NE Albuquerque, New Mexico 87110 | Ms. Cora Boone e-mail: cora.boone@ihs.gov | Comm: 505-248-4418 FAX: 505-248-4624 800-382-3027 |
| Bemidji Area Illinois Indiana Michigan Minnesota Wisconsin | Bemidji Area, IHS 522 Minnesota Avenue, NW, Room 209 Bemidji, Minnesota 56601 | Mr. Tony Buckanaga e-mail: tony.buckanaga@mail.ihs.gov | Comm: 218-444-0486 FAX: 218-444-0498 800-892-3079 |
| Billings Area Montana Wyoming | Billings Area, IHS P.O. Box 36600 2900 4th Avenue, North Billings, Montana 59103 | Mr. Delon Rock Above and Ms. Bernice Hugs e-mail: delon.rockabove@ihs.gov bernice.hugs@ihs.gov | Comm: 405-247-7100 405-247-7230 FAX: 405-247-7245 |
| California Area California Hawaii | California Area, IHS 650 Capitol Mall, Suite 7-100 Sacramento, California 95814 | Ms. Mona Celli e-mail: mona.celli@mail.ihs.gov | Comm: 916-930-3981 x325 FAX: 916-930-3953 |
| Navajo Area Arizona New Mexico Utah | Navajo Area, IHS P.O. Box 9020 Window Rock, Arizona 86515-9020 <i>Federal Express Address:</i> Highway 264 - St. Michaels Window Rock, Arizona 86515 | Ms. Roselinda Allison e-mail: roselanda.allison@navajo.ihs.gov | Comm: 928-871-1358 or 5834 FAX: 928-871-1383 Comm: 928-871-1422 or 5834 FAX: 928-871-1383 |
| Oklahoma Area Kansas Missouri Oklahoma | Oklahoma Area, IHS Five Corporate Plaza 3625 N.W. 56th Street Oklahoma City, Oklahoma 73112-4519 | Ms. Melissa Langley e-mail: melissa.langley@ihs.gov | Comm: 405-951-6040 FAX: 800-722-3357 |
| Phoenix Area Arizona Nevada Utah | Phoenix Area, IHS 2 Renaissance Square 40 N. Central Avenue, Suite 600 Phoenix, Arizona 85004 | Ms. Kimberly Honahnie e-mail: kimberly.honahnie@ihs.gov | Comm: 602-364-5253 FAX: 602-364-5358 |
| Portland Area Idaho Oregon Washington | Portland Area, IHS Federal Building, Rm. 400 1220 S.W. Third Avenue Portland, Oregon 97204-2892 | Ms. Laurie Veitenheimer e-mail: laurie.veitenheimer@ihs.gov | Comm: 503-326-6983 FAX: 503-326-2702 |
| Tucson Area Arizona Texas | Tucson Area, IHS 7900 South "J" Stock Road Tucson, Arizona 85746 | Ms. Reanetta Siquieros e-mail: reanetta.siquieros@mail.ihs.gov | Comm: 520-295-2440 FAX: 520-295-2438 |

(Continued)

*IHS AREA OFFICE AND
STATES/LOCALITY SERVED*

ADDRESS OF AREA

*SCHOLARSHIP
COORDINATOR*

*COMMERCIAL
FTS TELEPHONE*

| | | | |
|---------------------|----------------------|-------------------------------|--------------------|
| Nashville Area, IHS | Nashville Area, IHS | Ms. Patricia Tomhave-Dodge | Comm: 505-248-4948 |
| Alabama | New Jersey | <i>Send applications to:</i> | FAX: 505-248-4938 |
| Arkansas | New York | Albuquerque Area, IHS | |
| Connecticut | Ohio | 5300 Homestead Road, NE | |
| Delaware | North Carolina | Albuquerque, New Mexico 87110 | |
| Florida | Pennsylvania | | |
| Georgia | Rhode Island | | |
| Kentucky | South Carolina | | |
| Louisiana | Tennessee | | |
| Maine | Vermont | | |
| Maryland | Virginia | | |
| Massachusetts | West Virginia | | |
| Mississippi | District of Columbia | | |
| New Hampshire | | | |

PURPOSE OF SCHOLARSHIP PROGRAMS

In the Indian Health Care Improvement Act, (hereinafter "the Act") Public Law 94-437, the Congress and the President of the United States established a national goal "to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level."

In order to 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 to train the health professional personnel necessary to staff IHS health programs and other health programs serving the Indian people. These scholarship programs are the:

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM
HEALTH PROFESSIONS PREGRADUATE SCHOLARSHIP PROGRAM
HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

DESCRIPTION OF IHS SCHOLARSHIP PROGRAMS

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM – Section 103(b)(1)

Description

The Health Professions Preparatory Scholarship Program provides financial assistance for *American Indian and Alaska Native (Federally or State recognized) students only* to enroll in courses that will prepare them for acceptance into health professions schools, i.e., nursing, pharmacy, etc. Courses may be either compensatory (required to improve science, mathematics, or other basic skills and knowledge) or pre-professional (required in order to qualify for admission into a health professions program).

Priority Health Career Category

The selection of health career categories which are considered and given priority for award of scholarships depends upon the health manpower needs of the IHS and of the Indian people. Since manpower needs change from year to year, priority categories also change. In order for an applicant to be considered for scholarship support during the 2007-2008 scholarship cycle, he/she must be accepted by or enrolled in a college or university beginning in *Fall 2007* for the following priority career categories:

PRENURSING – preparatory for entry into a Bachelor of Science in Nursing Program. If an applicant is enrolled for preparatory courses at a non-approved

school he/she must transfer to an approved and accredited program before being considered for award of a scholarship to a professional nursing program. Contact your IHS Scholarship Coordinator (page 3) to confirm approval of the selected schools and program.

PREMEDICAL TECHNOLOGY – preparatory to entry into a Bachelor of Science degree program in Medical Technology.

PREPHARMACY – Jr. & Sr. undergraduate years in Pharmacy.

PREDIETETICS – preparatory to entry into a Bachelor of Science degree program in Dietetics.

PRESOCIAL WORK (Jr. & Sr. undergraduate years) – preparatory to entry into a Masters degree program in Social Work.

PREPHYSICAL THERAPY (Jr. & Sr. undergraduate years) – preparatory to entry into a Masters degree program in Physical Therapy.

PREENGINEERING – preparatory to entry into a Bachelor of Science program in Engineering.

PRESANITARIAN (ENVIRONMENTAL HEALTH)

PREOCCUPATIONAL THERAPY

PRECLINICAL PSYCHOLOGY (Jr. & Sr. undergraduate years in Clinical Psychology)

Specific Requirements

An applicant must: (1) be an *American Indian or Alaska Native (Federally or State recognized)*; (2) be a high school graduate or equivalent; (3) have the capacity to complete a health professions course of study; (4) be enrolled, or accepted for enrollment, in a compensatory/pre-professional general education course or curriculum; and (5) intend to serve Indian People upon completion of professional health care education and training as a health care provider in the discipline/speciality for which he/she is taking preparatory courses and for which the application is submitted.

Applicant must provide a course curriculum outline, approved and signed by their advisor, for their chosen health program: (1) Courses are required to meet the applicant's educational deficiency and compensatory needs at the pre-professional level or are preparatory to enrollment in the applicant's chosen health professional program; and (2) represent at least 12 credit hours per semester/quarter full-time or 6-11 credit hours for part-time in relation to the applicant's needs. (3) Curriculum for major from first year to completion.

Limitation of Support

The program makes scholarship support available for up to two academic years full-time or up to four academic years part-time of compensatory or pre-professional education, which, upon completion, will enable the student to qualify for enrollment or re-enrollment in a health professions school. Only those

students who meet the continued eligibility requirements and have been recommended for continuation will be given priority consideration for additional periods of scholarship support. Scholarship support to pre-professional students will be paid for 10 months each academic year.

Continued Eligibility

Recipients of scholarship support must apply annually to continue funds beyond the initial funding period and must meet specific eligibility criteria for consideration. The criteria are:

(1) recipient must be in good academic standing; (2) must be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent which is considered full-time or 6-11 credit hours which is considered part-time; and (3) must remain full-time or part-time during this current academic year.

HEALTH PROFESSIONS PREGRADUATE SCHOLARSHIP PROGRAM – Section 103(b)(2)

Description

The Health Professions Pregraduate 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 degree in specific pre-professional areas (premedicine, predentistry, and prepodiatry).

Priority Health Career Categories

Although there are several areas of health programs that may be funded, based on the manpower needs of the IHS, it has been determined that for the 2007-2008 scholarship cycle, an applicant must be accepted by and/or enrolled in a program beginning in Fall 2007 for the following priority career category:

Premedicine/Predentistry/Prepodiatry School—
The applicant must be enrolled in a bachelor degree program which will, upon its completion, prepare him/her for entry into an accredited medical, osteopathic, dental, or podiatry school. Within this category, priority is given to students in their junior and senior years, with freshmen and sophomores funded only if there are remaining funds available.

Specific Requirements

An applicant must: (1) be an American Indian or Alaska Native (Federally or State recognized); (2) be a high school graduate or equivalent; (3) have the capacity to complete a health professions course of study; (4) be enrolled, or accepted for enrollment in

a bachelor degree program for premedicine, predentistry, or pre-podiatry or their equivalents; and (5) intend to serve Indian people upon completion of professional health care education and training as a health care provider in the discipline/specialty for which the applicant is enrolled at the pregraduate level and for which the application is submitted.

The applicant must provide a course curriculum signed by a school official, preferably the applicant's advisor, to verify that the courses to be taken:

- 1) are required for an undergraduate curriculum leading to a bachelor's degree in premedicine, predentistry, or pre-podiatry, or equivalent; and
- 2) represent at least 12 credit hours or the equivalent per semester/quarter which is considered full-time or 6-11 credit hours per semester/quarter which is considered part-time.
- 3) Course curriculum for major, first year to completion.

Limitation of Support

This Pregraduate support is available for up to four academic years or eight years for part-time, which is four 10-month periods of pregraduate education full-time or eight 10-month periods part-time, which, upon completion, will enable the student to qualify for enrollment in a medical, dental, or podiatric school. Only those students who meet the continuation eligibility requirements and reapply for continuation will be given priority consideration for additional periods of support.

Continuation Eligibility

Recipients of scholarship support must apply annually for continuation beyond the initial funding period and must meet specific eligibility criteria for consideration. The criteria are: (1) recipient must be in good academic standing in his/her premedical program; (2) must be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent which is considered full-time or 6-11 credit hours which is considered part-time; and (3) must remain full-time or part-time during this current academic year.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM – Section 104

Description

Health Professions Scholarship Program provides financial assistance to American Indian and Alaska Native (Federally recognized only) students enrolled in health professions and allied health professions programs. **For this program, there are service obligation**

and payback requirements that the recipient incurs upon acceptance of the scholarship funding. Priority is given to Graduate Students, and Junior and Senior Level Students, unless otherwise specified.

Priority Health Career Categories

INDIAN HEALTH SCHOLARSHIP PROGRAM

| | |
|---|--|
| Chemical Dependency | |
| Counseling | Baccalaureate, Masters |
| Clinical Psychology | PhD program |
| Coding Specialist | Certificate |
| Dentistry | DDS or DMD |
| Dental Hygienist | BS degree |
| Diagnostic Radiology | |
| Technology | Certificate, Associate, and BS |
| Dietician | BS degree |
| Environmental Health and Engineering | |
| | BS degree |
| Health Care Administration | |
| | BS and Masters |
| Health Education | BS and Masters |
| Health Records Administration | |
| | RHIT and RHIA |
| Injury Prevention Specialist | |
| | Certificate |
| Medical Technology | BS degree |
| Medicine | Allopathic and Osteopathic |
| Nurse | ADN, BSN*, CRNA*, GER, NP, PED, PSY, WH |
| Occupational Therapy | BS |
| Optometry | OD |
| Pharmacy | Pharm D degree |
| Physician Assistant | PAC |
| Physical Therapy | MS and DPT degree |
| Physical Therapy Assistant | |
| | Associate degree |
| Podiatry | DPM |
| Public Health | MPH only (with concentration in epidemiology only) (Applicants must be enrolled or accepted in a school of public health.) |
| Public Health Nutrition | Masters level only |
| Respiratory Therapist | Associate |

| | |
|----------------------------------|---|
| Social Work | Masters level only (concentration in Mental Health) |
| Ultrasonography | (Must first complete prerequisite Diagnostic Radiology Technology.) |

* For BSN degree, primary consideration will be given to Registered Nurses employed by the Indian Health Service; in a program assisted under a contract entered into under the Indian Self-Determination Act; or in a program assisted under Title V of the Indian Health Care Improvement Act.

Specific Requirements

Applicants: must (1) be an *American Indian or Alaska Native (Federally recognized only and applicant must be a member of their tribe)*; (2) be a high school graduate or equivalent; (3) be enrolled or accepted for enrollment in a full-time or part-time study program leading to a degree in a health related professions school within the United States for one of the priority health career categories listed above; (4) submit (if part-time applicant) documentation to IHS showing that their school and course curriculum allows less than full-time status; and (5) submit (all applicants) course curriculum for major from first year to completion.

Limitation of Support

Scholarship support for recipients in the Health Professions Program is available for *up to four calendar years for full-time or up to eight calendar years for part-time of health professional education*. Applicants who are more than 4 years away from securing a degree are not eligible to apply. Each scholarship is awarded for a one year period with re-application for each continuation. Those students who meet specific continued eligibility requirements and have been reviewed and recommended for continuation will be given priority consideration for additional periods of support. Scholarship recipients receive 12 months of support.

Continued Eligibility

A recipient of Health Professions scholarship support must continue to meet the following eligibility requirements: (1) he/she must maintain an overall 2.0 grade point average in his/her chosen health/allied health professions curriculum, and (2) he/she must be enrolled in at least 12 credit hours for the next semester/quarter which is considered full-time. An applicant enrolled in a program with 12 credit hours or the full-time equivalent per semester/quarter or 6 - 11 credit hours which is considered part-time, must submit a letter from the Program Director verifying the full-time or part-time status of that institutions' graduate level program.

Instructions for Scholarship Contract

Applicants for Health Professions scholarship support must submit a signed *Indian Health Service Scholarship Program Contract* (Form IHS-818) as part of the

application, agreeing to accept payment of scholarship funds if they are selected for the award and to enter into a service obligation with the IHS to provide health services upon completion of their health education program in the full-time professional practice of their health profession. Applicants should *read this contract carefully* prior to submitting an application for this scholarship in order to fully understand the obligation they incur by accepting a Health Professions scholarship.

Deferments

Deferments for allopathic and osteopathic physicians can be approved for up to three years for further training to complete an internship, residency or other advanced training as specified by the Indian Health Service.

Dental scholarship recipients may begin their obligated service upon completion of their degree program without receiving any advanced training. However, one-year deferments may be approved for training in accredited programs of general dentistry and dental general practice.

Scholarship recipients in pharmacy and optometry may begin their obligated service upon completion of their degree programs without receiving any advanced training. However, one year deferments may be approved to secure advanced clinical training.

Based upon training requirements, deferments will be approved for any other priority health career categories. A deferment packet containing policies and procedures will be mailed to all eligible Health Professions program scholarship recipients in their senior year.

Service Obligation

Subject to applicable regulations and to the *Indian Health Scholarship Program Contract*, there is a requirement that a Health Professions Scholarship Program recipient serve one year for each year of scholarship support which he/she receives or the part-time equivalent thereof with a minimum service period of two years. After graduation from the health professions program, the IHS scholarship recipients must meet their active duty service obligation in one of the following areas, as designated by the Director, IHS:

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

However, at their election, scholarship recipients may serve in one of the other areas that:

- (i) is located on the reservation of the tribe in which the recipient is enrolled; or
- (ii) serves the tribe in which the recipient is enrolled.

The IHS will review assignment opportunities with each student early in the final school year and will approve the student's confirmed assignment.

The Director, IHS, reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Before the service obligation begins, participants will be given information about both the PHS Commissioned Corps and Civil Service employment systems. For information regarding programs conducted under a contract entered into under the Indian Self Determination Act(P.L. 93-638), or Title V urban programs, scholarship recipients may contact the Tribal ("638") program or Title V urban programs directly. The IHSSP staff are also available for placement assistance. Once on duty providing service, the scholarship recipient must complete and submit an annual data sheet report to the IHS on the current status of his/her service obligation.

Breach of Contract

DEFAULTING ON THE SCHOLARSHIP OBLIGATION

For Failure to Complete Academic Training Health Professions Scholarship Program

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 3 years from the date academic training is terminated. No interest will be charged on any part of this indebtedness to the United States within the 3-year period.

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

Participants may 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.

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 HHS (as designated to the Scholarship Program).

Delinquent Debt

If the debt remains unpaid after the due date (delinquent) it will be referred to the Health Resources and Services Administration for debt collection and/or the Department of Justice for litigation. All delinquent debts must be reported to a commercial credit bureau and are subject to charges for administrative and court costs of collection.

GENERAL ELIGIBILITY REQUIREMENTS FOR ALL APPLICANTS

The following are general eligibility requirements for students who are applying for any one of the three IHS scholarship programs. An applicant must meet both the general requirements and the specific requirements for the Health Preparatory, Health Pregraduate or Health Professions scholarships program for which he/she is applying in order to receive consideration. Refer to the detailed description for each of the scholarship programs for the specific requirements for each program.

Citizenship

Applicants must be citizens of the United States at the time they apply for IHS scholarship awards. Permanent resident aliens and other aliens are not eligible to apply.

Complete and Eligible Application

Only those eligible applicants submitting COMPLETE applications by the prescribed deadline date will be considered for competition for IHS scholarship awards. Complete applications submitted by eligible applicants *must* include each of the following:

1. Application Checklist with original signature.
2. **Completed**, signed and dated application form (all NEW applicants must complete Form IHS-856). **IMPORTANT:** Must include Graduation Date, Month, and Year to be considered complete!
3. Two Faculty/Employer Recommendations (Attachment II).
4. Documentation of Indian eligibility (BIA Certification: Form 4432 – Category A or D which-

ever is applicable; see Page 18, Section A-9 for further clarification); State-Recognized Tribes Certification, other evidence as described in the application instructions).

5. Provide one original OFFICIAL TRANSCRIPT from EACH college and university 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 which verifies high school equivalency. The cumulative grade point average will be determined from the official transcript(s). The GPA is one of the factors included in your final application rating.
6. Written evidence of Acceptance into school (original Letter of Acceptance, or, if applicable, a letter indicating continuing eligibility for enrollment for the fall/spring academic year for which applying for academic support, signed by appropriate school official). Health Preparatory and Pregraduate programs need only a general acceptance into school (for the fall/spring academic year for which applying for scholarship support). Health Professions program requires a *specific* letter of acceptance (most current) into the specific *health category*.
7. Reasons for Requesting Scholarship form (see page 37).
8. Delinquent Federal Debt form (see page 41).
9. W-4 form with original signature (see page 53).
10. "Verification of Course Curriculum" form (Attachment I), to be signed by appropriate official.
11. Curriculum for major (see page 23, Part III).
12. Documentation from part-time applicants that their professional school/program and course curriculum allows less than full-time status.
13. Original application packet and a **copy of original application packet** in its entirety.

NOTE: Follow Application Checklist on page 15 (acknowledgement card at back of booklet is optional).

Deadline for Applications

DATES: The application deadline is February 28, 2007. Applications shall be considered as meeting the deadline if they are received by the appropriate Scholarship Coordinator in either of the following situations: (1) received on or before the deadline with a hand-carried application received by COB 5 p.m.; or (2) postmarked

on or before the deadline date and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a commercial carrier or the United States Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. LATE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

Please refer to your cover letter inside the application packet for further information before submitting your application. An envelope is provided for you to return your completed application materials.

SELECTION CRITERIA AND RANKING PROCEDURES FOR RECIPIENTS

Applications from eligible students in each of the priority class years will be scored according to the extent to which they meet the criteria listed below and ranked Juniors with Juniors and Seniors with Seniors, etc. The funds available for awards will determine how many students in each class year's list will become IHS Scholarship Program participants.

Applications from students in each of the health profession priorities are reviewed and rated according to the extent to which they meet the criteria listed below:

1. *Needs of the IHS*

Applicants are considered for scholarship awards based on how their desired career goals relate to current Indian health professional needs. Individuals who apply for health career categories which are not listed as priorities during the scholarship cycle under review will not be considered. Applications for each health career category are reviewed and ranked separately (Attachment III).

2. *Academic Performance (40 pts.)*

Applicants are partially rated according to their academic performance as evidenced by transcripts and faculty evaluations. In cases where a particular applicant's school has a policy not to rank students academically, faculty members are asked to provide a personal judgement of the applicant's achievement. For Health Profession applicants, you must have a Cumulative GPA of 2.0. If your GPA is below the minimum standard cited herein, your application will not be reviewed.

3. *Faculty/Employer Recommendations (30 pts.)*

Applicants are partially rated according to evaluations by faculty members and employers regarding the applicant's potential in the chosen health related profession. (Attachment II).

4. *Stated Reasons for Asking for the Scholarship and Stated Career Goals (30 pts.)*

Each applicant must provide a brief written explanation of his/her reasons for asking for the

scholarship and of his/her career goals. The applicant's narrative will be judged on how well it is written. It will be reviewed by the review committee and will weigh heavily toward the applicant's rating. (Attachment III.)

Ranking Procedures

All eligible applicants with complete applications within each career category are reviewed and rated using the above selection criteria. The scores are determined for each application and a rank order listing is developed for each priority health career category beginning with the highest and ending with the lowest rated application. Based on the health professional needs of the IHS and on the amount of funding available, each listing is rank ordered, **and a "cut-off" score is determined.**

Selection Consideration Priorities

Priority consideration for funding will be given to:

1. Applicants who provide documentation of Indian eligibility, (See page 18, Section A-9 herein);
2. Students who are currently enrolled in a Health Profession Program and are performing satisfactorily (maintain a 2.0 cumulative grade point average) in their training and require continued scholarship support;
3. Applicants who have completed a compensatory/preprofessional education program under the Health Professions Preparatory Scholarship Program for Indians or the Health Professions Pregraduate Scholarship Program for Indians who are entering a health professions school and who are applying in the priority health career categories (See pages 6-7);
4. New applicants who are highly rated and ranked competitively in accordance with the selection criteria discussed previously; and
5. Participants entering their fourth and third year of school, in that order. Applicants entering their second year will be considered only if an insufficient number of fourth and third-year students qualify.

BENEFITS OF IHS SCHOLARSHIP PROGRAMS

The level of scholarship benefits, i.e., stipend, travel reimbursement, costs of books, etc., is contingent upon the availability of funds appropriated each fiscal year (FY) by the Congress of the United States and is, therefore, subject to change each year.

Stipend for Student Living Expenses

During the 2007-2008 school year, the IHS stipend is expected to increase by the time awards are actually made. The estimated stipend amount will be no less than \$1,250.00 and will be mailed at the end of each month for living expenses to include room and board. This amount will be pro-rated for part-time students. An Award Letter displaying the total dollar amount for the award will be mailed to each scholarship recipient.

Awardees for the Health Professions Scholarship will receive a stipend for the twelve-month period beginning August 1, 2007 through July 31, 2008. 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.

Awardees for the Health Preparatory and Health Professions Pregraduate Scholarship Programs will receive a stipend only for the academic period covered by their awards—August 1, 2007 to May 31, 2008. 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. Stipends for the months of June and July will be paid only to those students who have requested and have been approved in advance to attend summer sessions.

Payment of Tuition and Required Fees

The IHS will make direct payment to the scholarship recipient's school for tuition and required fees for the school year, excluding summer school, which must be specifically requested and approved in advance. The school will be officially notified of the student's participation in the IHS and authorized to bill the IHS directly during the first week of October.

Until the school receives the billing instructions, the overnight mail notification of award authorizes your school to bill the IHS for your tuition and required fees.

IHS will pay for tuition and fees directly applicable to the student's approved curriculum and program. Payment will not be made for tuition and fee items unrelated to the approved program, for membership dues for student societies, associations, and similar expenses, or for school terms that begin prior to the beginning date of the scholarship award.

Please Note:

IHS will pay the following items:

- Tuition costs, and other mandatory fees, such as lab fees and health unit fee, as long as the school includes them on its invoice. The uni-

versity or college should submit all invoices to the Division of Grants Operations on Item II.

- Books, Laboratory expenses, Other Education Expenses, and Travel (disbursed in a lump sum payment to student).
- Each student will receive advance payment for books, miscellaneous educational expenses, and travel for either the Fall or Spring terms.

IHS will NOT pay the following items:

- School bookstore invoices or books/dental/medical equipment. Exception is if dental/medical equipment is rented from the school.
- Health insurance. Colleges/universities 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.

The sum of \$300.00 is to help offset your travel expenses to school and return for the entire year. The Scholarship Program will not pay for any additional expenses incurred by the recipient over the lump sum amount.

This total payment is derived from the travel allowance and the amounts indicated by your school for books and required educational expenses for your degree program. This amount cannot be increased.

Payment for Other Reasonable Educational Expenses

Scholarship recipients will be paid a lump sum amount which will be included with the August stipend check. This lump sum will presumptively cover the costs of books, travel, and other necessary educational expenses. IHS will not pay for any additional expenses incurred by the recipient over the lump sum amount. *Daily commuting and any parking costs are not covered.*

Tutorial costs will be paid directly to the student upon appropriate request and approval of the Scholarship Officer. Scholarship recipients are eligible to receive a maximum of \$400.00 full-time or \$200.00 part-time for Tutorial for the 2007-2008 academic year.

Taxability of Benefits

Federal income taxes will be withheld from your stipend checks. Refer to the W-4 form for 2007 for instructions concerning allowances, exemptions and filing status. You should inquire in your respective state about the tax liability if any, of your stipend checks.

Continuing Support After the Current Funding Period

The IHS scholarship award is for one school year only; however, scholarship awards may be continued annually at the request of the recipient if the Congress appropriates funds for the program and if the recipient fulfills the criteria specified for each of the IHS scholarship programs. See the Detailed Description for the criteria for each program.

Externships

Individuals receiving a Health Professions (Section 104) scholarship are entitled to employment by the IHS for up to 120 days per calendar year during any non-academic period in accordance with the provisions of Section 105 of the Act. Their salary is based on the individual's number of years of academic training. Details of the externship will be provided in a student handbook sent to each student upon his/her acceptance into the Health Professions Program.

ACCEPTANCE OF OTHER FEDERAL BENEFITS

If an IHS scholarship recipient accepts other funding, he/she should inform the other awarding agency of his/her receipt of the IHS scholarship in the event that the other agency has prohibitions against duplicate awards and to eliminate duplicate payment of tuition and other educational expenses.

OTHER PUBLIC HEALTH SERVICE BENEFITS

Any individual who receives a scholarship 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) is ineligible to participate in the Indian Health Scholarship Program during the school year(s) for which such scholarships were awarded.

VETERANS BENEFITS

Education benefits from the Veterans Administration (G.I. Bill) may continue along with the IHS funds since these VA benefits were earned by prior active duty in a uniformed service.

BENEFITS FROM STATE, LOCAL AND OTHER FEDERAL SOURCES

Any applicant who owes an obligation for professional practice to a State or other entity under an agreement entered into before filing an application under this part is ineligible for an award *unless* (emphasis added) a written statement satisfactory to the Secretary is submitted from the State or entity that: (1) there is no potential conflict in fulfilling the service obligation to the State or entity and the Scholarship Program; and (2) the Scholarship Program service obligation will be served before the service obligation for professional practice owed to the State or entity.



**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART TWO

FY 2007

**Scholarship Programs
Application Checklist**



Department of Health and Human Services
Public Health Service
Indian Health Service

**** Notice ****

DID YOU REMEMBER TO DO THE FOLLOWING?:

- ◆ **Submit documents with ORIGINAL SIGNATURES.** *All documents submitted with this application **MUST** have the **ORIGINAL SIGNATURES** to be valid.*
- ◆ **Submit OFFICIAL TRANSCRIPTS.** *All Transcripts **MUST** be the **OFFICIAL TRANSCRIPTS** to be valid.*
- ◆ **Submit a "CURRENT" written evidence for/letter of ACCEPTANCE** into the school/program for the academic year for which you are requesting scholarship support. *You must provide this.*
- ◆ **Submit official evidence of tribal membership.** *A Certificate of Indian Blood (CIB) alone is **NOT** enough for acceptance; you **MUST** provide official evidence of tribal membership.*
- ◆ **Submit a Form W-4 (2007).** *You must submit a Form W-4 (2007) with the application for it to be complete.*
- ◆ **Submit the entire curriculum for the major in the scholarship** for which you are applying. *You must provide this.*
- ◆ **Fill out Form IHS-856 COMPLETELY** in no. 2 lead pencil. *Sign and date in ink.*
- ◆ **Submit a COPY of the original application packet *in its entirety*.** This is *in addition* to submitting the original application packet in its entirety.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
 ACADEMIC YEAR 2006-2007 APPLICATION CHECKLIST**

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

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

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

TYPE OF APPLICATION: New Continuing
 Health Preparatory Pregraduate Health Professions

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

I verify the application is complete.

| | |
|-----------------------|------|
| 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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, ATTN: PRA (0917-0006).



FISCAL YEAR 2007

**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART THREE

Application Instructions and Forms

Due Date: February 28, 2007

Submit to: Area Scholarship Coordinator



Department of Health and Human Services
Public Health Service
Indian Health Service

Section A-2. Full Name

Print your last name, first name, and middle name in the two sets of boxes provided. Begin in the first box of each set and print only one letter per box. Print your last name only in the first set of boxes and your first and middle name only in the second set of boxes. In the column below each box, blacken the circle that corresponds to the letter, symbol or empty box. Be sure to blacken a circle on every column.

EXAMPLE OF LAST NAME:

William John Rogers-Smith



NOTE: Please blacken the circles from left to right so they correspond with the characters above them, as in the example below.

| LAST NAME ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| R | O | G | E | R | S | - | S | M | I | T | H | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |
| B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B |
| C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D |
| E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E |
| F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J |
| K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K |
| L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L |
| M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O |
| P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q |
| R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |
| S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U |
| V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V |
| W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

Section A-3. Street Address. (Do not put city, state, or zip code in this grid.)

Beginning in the first box, print the address where you now receive mail, one number or letter per box. Leave one empty box between the parts of your address. Abbreviations may be used. In the column that extends below each box, blacken the circle that corresponds to the number, symbol, or empty box, it is important that the address you give is your *current* mailing address.

EXAMPLE OF FIRST LINE OF STREET ADDRESS:

1234 ½ East-West Street



NOTE: Please blacken the circles from left to right so they correspond with the characters above them, as in the example below.

| FIRST LINE OF STREET ADDRESS ONLY | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | | 1 | / | 2 | | E | A | S | T | - | W | E | S | T | | S | T | R | E | E | T | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |
| B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B | B |
| C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D | D |
| E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E | E |
| F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H | H |
| I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J | J |
| K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K | K |
| L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L |
| M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |
| O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O |
| P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q |
| R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |
| S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U | U |
| V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V | V |
| W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |

Section A-4-d

Blacken the 2 digit code for the IHS Area Office where you are submitting your application.

Section A-6. Social Security Number:

Applicants who are selected to the Scholarship Program will be required to furnish their Social Security Number for the payment of their stipend for Federal tax purposes. (See Privacy Act Notification Statement on page IV.) The number is used for identification purposes only; no sums are withheld from stipend payment for participation in the Social Security Retirement System (FICA). Applicants without a Social Security Number should make immediate efforts to obtain one by calling their local office of the Social Security Administration.

Section A-9

Certificate of Indian Blood (CIB) alone is not acceptable, you must provide *official evidence* of tribal membership as follows:

- A. If you are a member of a Federally recognized tribe (recognized by the Secretary of Interior, provide evidence of membership such as:
 - 1) Certification of tribal enrollment by the Secretary of Interior, acting through the Bureau of Indian Affairs (BIA Certification: Form 4432 - Category A or D, whichever is applicable); or
 - 2) In the absence of BIA certification, documentation that you meet requirements of tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the tribe and have been officially designated as a tribal member as evidenced by an accompanying document signed by an authorized tribal official, or
 - 3) Other evidence of tribal membership satisfactory to the Secretary of the Interior.
- B. If you are a member of a tribe terminated since 1940 or a State recognized tribe, provide official documentation that you meet the requirements of tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the tribe and have been officially designated as a tribal member as evidenced by an accompanying document signed by an authorized tribal official; or other evidence, satisfactory to the Secretary of Interior, that you are a member of the tribe. In addition, if the terminated or State recognized tribe of which you are a member is not on a list of such tribes published by the Secretary of Interior in the Federal Register, you must submit an official signed document that the tribe has been terminated since 1940 or is recognized by the state in which the tribe is located in accordance with the law of that state.
- C. If you are not a tribal member but are a natural child or grandchild of a tribal member, you must submit: (1) evidence of that fact, e.g., your birth certificate and/or your parent’s birth certificate showing the name of the tribal member; and (2) evidence of your parent’s or grandparent’s tribal membership in accordance with paragraphs A and B. The relationship to the tribal member must be clearly documented.

NOTE: If you meet the criteria of B or C you are eligible only for the Preparatory or Pregraduate Scholarships.

Section A-13. Conflicting Service Obligation:

Students already obligated to a State or other entity for professional practice after academic training should not apply for

IHS Scholarship awards unless they have ascertained that there is no potential conflict in fulfilling the service obligation to the State or other entity and to the Scholarship Program, and that the Scholarship Program service will be served first.

If you are obligated to practice under another program, read the terms of your agreement carefully. Many agreements will enable you to serve the IHS Scholarship obligation first. If so, there is no conflict, and you should blacken the answer “no” and submit with your application a written statement of non-conflict from the other program.

Scholarship recipients not immediately available after authorized deferments to fulfill the Scholarship service obligation are in breach of their Scholarship Program contracts described in this *Information Booklet*.

Section A-14 Future Specialty Interest

| | | | |
|-----------------------------|-------|--------------------------|------|
| Family Practice | FP | General Psychiatry | GPSY |
| Internal Medicine | INT | Child Psychiatry | CPSY |
| Pediatrics | PED | Emergency Medicine | EM |
| Obstetrics/Gynecology | OBGYN | General Surgery | GSUR |

Write the name of your specialty interest in the block and enter alpha code. If you have no specialty preference at present, enter the word UNKNOWN in the block and blacken unknown in the specialty code blocks.

NOTE: All residencies require prior approval.

Section A-15. Permanent Recipient Address

Indicate the PERMANENT address at which you may be contacted during the period of the scholarship award. This should be the address of a parent, relative, or any other address which will not change.

It is mandatory that approved scholarship applicants receive monthly stipend payments via bank direct deposit. Stipend payments are electronically deposited into your bank account on or before the first day of the month. Contact your bank to obtain and complete correctly the direct deposit form which must be submitted to the IHS.

After you have arranged for direct deposit, you must submit the “Verification of Acceptance or Decline of Award” form. This form is Attachment VI in the application booklet. Send form to the IHS, Division of Grants Operations, 801 Thompson Avenue, Suite 300, Rockville, MD 20852.

DIRECT DEPOSIT INFORMATION WILL NOT BE CHANGED DURING THE ENTIRE FIRST YEAR OF SCHOLARSHIP FUNDING. You will NOT be allowed to change banks unless you change schools and relocate to another city. This assures that no matter where or how many times you move, there is one permanent location for you to receive your monthly stipend.

Section A-16. Employee’s Withholding Allowance (Form W-4)

Scholarship stipend benefits paid are subject to Federal income taxation. To comply with tax withholding requirements in the event you are selected, you must complete a W-4 form. If you do not wish tax withheld from your monthly stipend check, you should claim exempt on the W-4 form and do not fill in A-16 item b. After you have completed Form W-4, fill out the information requested in Section A-16 of the application.

If you have any questions regarding the Form W-4, contact your local Internal Revenue Service office.

COMPLETION OF SUPPLEMENTAL FORMS (Please see booklet)

PART II – Application Checklist

All applicants must complete and forward this checklist with the application. Place a checkmark in the box under the appropriate “new or continuing” column for those items applicable to your application. Indicate N/A for any items not specifically applicable to you. Also, remember to sign and date this form at the bottom to verify that your application is complete.

PART III

Attachment I – Course Curriculum Verification Form

For students in all three scholarship programs, fill in your name, social security number, and career category and indicate the section applicable to you. Identify all courses you plan to take each semester or quarter by specific course number, credit hours, and course title. Your college advisor or counselor must sign this form, indicate their correct title, and date the form. Your advisor or counselor should return the form directly to you so you may include it to be submitted with your application. Attach course curriculum for major from school catalogue or major department.

Attachment II – Faculty/Employer Evaluation Forms (2)

Provide two (2) completed Faculty/Employer Forms with original signature. These evaluations will be used as part of your rating. Arrange to pick-up the completed forms yourself to include in your application so that all required documents are present to make your application complete. **DO NOT SEND LETTERS OF RECOMMENDATION IN LIEU OF THIS FORM.** This attachment is subject to a statement of conflict of interest.

Attachment III – Reasons for Requesting Scholarship

Each applicant must provide a brief written explanation of his/her reasons for asking for the scholarship and of his/her career goals. It is important that this narrative is written with correct grammar, clarity and organization. It will be used as part of your rating. Type or print narrative legibly so it will be easy to read. You will not be rated on material that cannot be read.

Attachment IV – Delinquent Federal Debt Form

Each applicant must complete, sign and forward this form with the application and required documents.

Attachment V – Work Experience (Optional)

To be considered for a scholarship for a Masters in Public Health, you must have a degree in a health related discipline and be accepted into an MPH program.

Attachment VI – Verification of Acceptance or Decline of Award

Do not mail this form with your application. Retain and mail to the IHS Division of Grants Operations only if notified of an offer of a scholarship award.

PART IV – Application Receipt Card (IHS-815)

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

Each of the documents listed below must be received with your application on February 28, 2006. Incomplete applications will not be considered for funding.

DOCUMENTATION FOR INDIAN ELIGIBILITY –

See Section A-9, page 22 herein.

OFFICIAL TRANSCRIPT –

You must submit an official transcript for all course work taken during the Fall and/or Winter, 2006, semester/quarters. It is important that you submit all transcripts. (See General Eligibility Requirements for all applicants, page 9 herein.)

Provide one original OFFICIAL TRANSCRIPT from EACH college/university 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 which verifies high school equivalency. The cumulative grade point average will be determined from the official transcript(s). The GPA is one of the factors included in your final application rating.

EVIDENCE OF ACCEPTANCE TO SCHOOL –

If you are a new applicant or if you are changing from the Health Professions Preparatory or Pregraduate Scholarship to a Health Professions Program, changing career categories, or changing schools, you **MUST** submit a current/updated letter of acceptance or admission from the school. **NOTE: If you have applied to more than one school and are awaiting acceptance to one or another, your application packet MUST include letters from ALL the schools to which you have made application stating your request for admission has been**

received. Include **ALL** letters of acceptance and all course curriculum verification forms. These letters should include the date formal acceptance will be given if accepted. If you submit such letters, you **MUST** follow-up with evidence of official acceptance to the school of your choice. It is your responsibility to provide this to the IHS Scholarship Program as soon as you are informed, but it 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).

All new applicants must submit a letter(s) of acceptance or consideration for acceptance with the application.

NOTE: SPECIAL INSTRUCTIONS

HEALTH PROFESSIONS PREPARATORY APPLICANTS—

You must submit verification that the courses or curriculum are required to meet your educational deficiency or are preparatory for acceptance into a health program and that the educational program represents a full-time course load or at least six credit hours for part-time students (Attachment I). Please sign and date Form IHS-817, Health Professions Preparatory and Pregraduate Agreement.

Instructions for Scholarship Agreement (Form IHS 817)—To Be Completed by Health Professions Preparatory (or Pregraduate) Applicants Only (if awarded).

HEALTH PROFESSIONS PREGRADUATE APPLICANTS—

You must submit verification that the curriculum for which you will enroll will lead to a bachelor's degree and will prepare you for acceptance into a school of medicine or dentistry upon its completion; a part-time

course must be a minimum of six credit hours (Attachment I). Please sign and date Form IHS-817, Health Professions Preparatory and Pregraduate Agreement.

Instructions for Scholarship Agreement (Form IHS 817)—To Be Completed by Health Professions Pregraduate (or Preparatory) Applicants Only (if awarded).

HEALTH PROFESSIONS APPLICANTS—

You must submit current evidence of acceptance into the specified health professions educational program for which you are requesting scholarship support, e.g. nursing, medicine, etc. A letter of general admission to a school will not be acceptable and will cause your application to be considered incomplete.

Documentation must be received from part-time applicants that their school and course curriculum allows less than full-time status. A part-time curriculum must be a minimum of six credit hours.

Instructions for Scholarship Contract (Form IHS 818)—To Be Completed by Health Professions Applicants Only (if awarded).

- This contract is applicable to health Professions scholarship applicants only. **READ THE CONTRACT CAREFULLY.**
- Your obligations are defined in Section B – Obligations of the Applicant.
- You may be liable for breach of contract if you fail to maintain an acceptable level of academic standing in course studies, or fail to begin or complete obligated service under the contract. See IHS Scholarship Program Contract: Section C – Breach of Scholarship Contract.
- Sign and date the contract. Return the 4 copies. Keep the 5th copy which has "Sample" imprinted on it for your records. A copy of your official signed contract will be mailed to you after the Secretary has signed it.

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

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 | |

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

THIS FORM MUST BE 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 2007-2008. 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 2007**.

*****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 |
|--------------------------------|-------|------|

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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, ATTN: PRA (0917-0006).

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

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Exp. Date: 12/31/2007

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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 | |

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

THIS FORM MUST BE 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 2007-2008. 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 2007**.

*****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 |
|--------------------------------|-------|------|

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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

FORM APPROVED:
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Exp. Date: 12/31/2007

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 | |

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?

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.

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?

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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, ATTN: PRA (0917-0006).

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

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

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Type of work: _____

Length of time known: _____

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

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FACULTY/EMPLOYER EVALUATION**

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

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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 | |

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?

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.

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?

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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, ATTN: PRA (0917-0006).

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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, 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: 12/31/2007

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

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
REASONS FOR REQUESTING SCHOLARSHIP**

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

Explain why you are requesting this scholarship **

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State your career goals **

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Explain how these goals will help to meet the health needs of the Indian people **

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*** If more space is required, use back of last page of application or full sheets, the same size as this page. Write on each sheet your name and social security number. Securely attach all sheets to this application.*

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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, 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: 12/31/2007

*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 | 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 display 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: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, 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: 12/31/2007

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 | INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH |

INSTRUCTIONS:

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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 |
|-----------------------|------|

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

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 | 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

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 | 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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) FROM: TO: | Average # of Hrs. Worked per Week | STATUS 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)

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

| | | |
|-----------|---|------------------------|
| REGARDING | STUDENT'S NAME | SOCIAL SECURITY NUMBER |
| | INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH | |

Please indicate your acceptance or decline of an Indian Health Service Scholarship award by checking the appropriate space below. Scholarship award will not be issued until this form is completed and returned.

- I accept the scholarship award for the 2007-2008 school year.
- I decline the scholarship award for the 2007-2008 school year.

If you accept the award, you must immediately provide us below with your permanent recipient mailing address to which correspondence will be sent during the entire first year of scholarship funding.

Please complete the following information.

| | | |
|---|-------|----------|
| POST OFFICE BOX NUMBER / STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

- Please note this is a change of address:

Complete this form and return immediately to:

Indian Health Service
801 Thompson Avenue, Suite 120
ATTN: Grants Scholarship Coordinator
Rockville, Maryland 20852

If you have any questions, please contact your Area Scholarship Coordinator.

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

Signature: _____ Date: _____

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

| | | |
|-----------|---|------------------------|
| REGARDING | STUDENT'S NAME | SOCIAL SECURITY NUMBER |
| | INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH | |

Please indicate your acceptance or decline of an Indian Health Service Scholarship award by checking the appropriate space below. Scholarship award will not be issued until this form is completed and returned.

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- I decline the scholarship award for the 2007-2008 school year.

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Please complete the following information.

| | | |
|---|-------|----------|
| POST OFFICE BOX NUMBER / STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

- Please note this is a change of address:

Complete this form and return immediately to:

Indian Health Service
801 Thompson Avenue, Suite 120
ATTN: Grants Scholarship Coordinator
Rockville, Maryland 20852

If you have any questions, please contact your Area Scholarship Coordinator.

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

Signature: _____ Date: _____

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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Form W-4

Employee's Withholding Allowance Certificate

2007

PLEASE NOTE – This IRS Tax withholding form is *required* for this application but was not available at the printing of this material.

- APPLICANTS can download Form W-4 from the IRS Web page, **www.irs.gov**—be sure it is a **2007** form.
- This form will also be available at any Post Office or tax preparation office, from the Social Security Administration, and at other human resource offices.

Your application may be deemed incomplete if the Form W-4 for 2007 is not filed with the application.



FISCAL YEAR 2007

**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART FOUR

**Application Receipt Card and
Address Change Notice**

IHS-815 and IHS-816



Department of Health and Human Services
Public Health Service
Indian Health Service

**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 120
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
Rockville, Maryland 20852

IHS-815
Rev. 10/05

Acknowledgement of Receipt of Application