

D-02 (Rev. 8/05)

LOST STIPEND CHECK / DIRECT DEPOSIT

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007
*See Estimated Average Burden Time
per Response on Reverse Side*

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

Attention Grants/Financial Management:

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

Please trace and reissue as soon as possible.

Name: _____

Address: _____

Telephone and/or

Cell Phone Number: _____

Social Security Number: _____

E-Mail Address: _____

_____ Signature (Do Not Print)

Please return a completed D-02 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.