PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-02 (Rev. 12/01)

REQUEST FOR TUTORIAL ASSISTANCE

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

	per Response on Reverse Side
NAME OF RECIPIENT	HEALTH DISCIPLINE
OCCUPIENCAL MARCH	NAME OF FRIIGHT INCTITUTION
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM Preparatory	Pre-graduate Health Professions
CIRCLE ONE: Fall Winter Spring Summer	INDICATE ONE: Semester Quarter
CIRCLE ONE: Full-time Part-time	INDICATE ONE. Cemester Quarter
	INTUE FOLLOWING COURSE/CV
I AM REQUESTING TUTORIAL ASSISTANCE	. ,
Course Number Title	Hours
SPECIFIC DESCRIPTION OF PROBLEMS:	
DESCRIBE TUTOR ASSISTANCE NEEDED:	
TEXT	TODIAL DEGLIECT
NAME(S) OF TUTOR(S)	TORIAL REQUEST Tutor(s) Qualification(s)
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NUMBER OF HRS. RATE PER HOUR SUBTOTAL C	Number of Hrs. Rate per Hour Subtotal Cost
TOTAL C	Cost:
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STUDENT'S SIGNATURE	DATE
ADVICODE CIONATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
	DATE REVIEWED (IHS use only)
Please return a completed G-02 form to	IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.