

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-04 (Rev. 12/01)

SUMMER SCHOOL REQUEST

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

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

CIRCLE ONE: Fall Winter Spring Summer

CIRCLE ONE: Full-time Part-time

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

PROPOSED SESSION(S) AND COURSE(S)			
SUMMER SESSION I DATES:		FROM _____	TO _____
COURSE NUMBER	TITLE	HOURS	
_____	_____	_____	
_____	_____	_____	
SUMMER SESSION II DATES:		FROM _____	TO _____
COURSE NUMBER	TITLE	HOURS	
_____	_____	_____	
_____	_____	_____	
<i>YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.</i>			
FUNDING REQUESTED:			
	SUMMER SESSION I	SUMMER SESSION II	SUMMER SESSION III
TUITION	_____	_____	_____
FEES	_____	_____	_____
TOTAL	_____	_____	_____

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

*Please return the completed G-04 form to IHSSP,
 801 Thompson Avenue Suite 120, Rockville, MD 20852.*

DATE REVIEWED (IHS use only)
