HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

PREFERRED ASSIGNMENT

K-04 (Rev. 12/01)

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

See Estimated Average Burden Time per Response on Reverse Side

STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER	SOCIAL SECU	JRITY NUMBER
	BACKGROUND	
HEALTH PROFESSION DISCIPLINE:		
GRADUATION DATE:		
TYPE OF DEGREE CONFERRED:		
NAME OF UNIVERSITY:		
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INDICATE BY PRIORITY THE PREFERRED II	HS AREA/PROGRAM LOCAT	·
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Albuquerque, NM Anchorage, AK Bemidji, MN Billings, MT INDICATE YOUR PREFERRED IHS HOSPITA (1) (2)	HS AREA/PROGRAM LOCATOR I.H.S. Headquarters (Rockville, MD) Nashville, TN Navajo, AZ Okla City, OK L/CLINIC TO COMPLETE YOU (4) (5) (6)	TION FOR PLACEMENT: —— Phoenix, AZ —— Portland, OR —— Sacramento, CA —— Tucson, AZ OUR SERVICE OBLIGATION: —— Poince of the content of