INDIAN HEALTH SERVICE SCHOLARSHIP PROGRAM

ADDRESS CHANGE NOTICE

	ADDRESS CHANGE NOTICE	Enter YOUR complete mailing address on the IHS SCHOLAR-SHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions)
PRINT NAME:	:	in Application Package (refer to instructions). Do NOT mail the card.
OLD ADDRESS:		
	City:	The Address Change Notice (IHS-816) card should be retained for future use.
	State: Zip Code:	
	Telephone: (Area Code) (Number)	i
NEW ADDRESS:		
	City:	
	State: Zip Code:	
EFFECTIVE DATE OF CHANGE:	Telephone: (Area Code) (Number)	
	(Please fold on dotted line and tape closed on all three sides)	
		DEPARTMENT OF
Check Appropriate Box		HEALTH & HUMAN SERVICES
	I already have an IHS scholarship.	Indian Health Service Rockville MD 20852
	I am in postgraduate training.	
	I am in active duty.	Official Business Penalty for Private Use \$300
		İ
		PLEASE PRINT NAME AND ADDRESS
SIGNATURE:		
IHS-816 (Front) Rev. 2/08	06-0793e	IHS SCHOLARSHIPS IHS-815 (2/08)

DEPARTMENT OF HEALTH & HUMAN SERVICES



Indian Health Service Rockville MD 20852

Official Business Penalty for Private Use \$300 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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 450 Rockville MD 20852-9736



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
Rokville, Maryland 20852

IHS-815 Rev. 2/08 Acknowledgement of Receipt of Application