ATTACHMENT III

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE FORM APPROVED: OMB Approval No. 0917-0006 Exp. Date: 2/28/2011

See Estimated Average Burden Time per Response on Reverse Side.

PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM REASONS FOR REQUESTING SCHOLARSHIP

	HEAGONG FOR HEAGE	orma dorio Eartorm
APPLICANT'S NAME		CAREER CATEGORY
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH
Explain why you are requ	esting this scholarship **	
State your career goals *	*	
Explain how these goals	will help to meet the health need	s of the Indian people **
	use back of last page of application or forty number. Securely attach all sheets to	ull sheets, the same size as this page. Write on each sheet this application.
IHS-856-5 (Rev. 2/08)		EF

	ESTIMATED AVERAGE BURDEN TIME PER RESPONSE	
utes per gatherin of inforr respond number. tion of ii ice, OPI	Public reporting burden for this collection of information is estimated to average 45 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917-0006).	