

**PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM**

**IHS-856-12** (Rev. 2/08)

**REQUEST FOR TUTORIAL ASSISTANCE**

FORM APPROVED:  
OMB Approval No. 0917-0006  
Exp. Date: 2/28/2011

*See Estimated Average Burden Time  
per Response on Reverse Side*

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

**CIRCLE ONE:** Fall Winter Spring Summer

**INDICATE ONE:** Semester Quarter

**CIRCLE ONE:** Full-time Part-time

*I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):*

| COURSE NUMBER | TITLE | HOURS |
|---------------|-------|-------|
| _____         | _____ | _____ |
| _____         | _____ | _____ |

*SPECIFIC DESCRIPTION OF PROBLEMS:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*DESCRIBE TUTOR ASSISTANCE NEEDED:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| <b>TUTORIAL REQUEST</b> <i>(Must include all tutors and describe assistance needed)</i> |               |               |                           |               |               |
|---|---------------|---------------|---------------------------|---------------|---------------|
| NAME(S) OF TUTOR(S)   |               |               | TUTOR(S) QUALIFICATION(S) |               |               |
|   |               |               |                           |               |               |
|   |               |               |                           |               |               |
|   |               |               |                           |               |               |
| NUMBER OF HRS.  | RATE PER HOUR | SUBTOTAL COST | NUMBER OF HRS.            | RATE PER HOUR | SUBTOTAL COST |
| _____   | _____         | _____         | _____                     | _____         | _____         |
| _____   | _____         | _____         | _____                     | _____         | _____         |
| <b>TOTAL COST:</b>  |               |               |                           |               |               |

|  |                         |
|--|-------------------------|
| STUDENT'S SIGNATURE                        | DATE                    |
| ADVISOR'S SIGNATURE                        | DATE                    |
| ADVISOR'S ADDRESS                          | ADVISOR'S TELEPHONE NO. |
| <b>DATE REVIEWED</b> <i>(IHS use only)</i> |                         |

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#### ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 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, RE: PRA 0917-0006.*