

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

**IHS-856-13** (Rev. 2/08)

**SUMMER SCHOOL REQUEST**

*A Summer School Request must be received in the IHS Scholarship Office by April 22 of the academic year in order for an applicant to be eligible for Summer School.*

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

**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)** *(Please include all courses required)*

<b>SUMMER SESSION I DATES:</b>		FROM _____	TO _____
COURSE NUMBER	TITLE		HOURS
_____	_____		_____
_____	_____		_____

<b>SUMMER SESSION II DATES:</b>		FROM _____	TO _____
COURSE NUMBER	TITLE		HOURS
_____	_____		_____
_____	_____		_____

*YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.*

**FUNDING REQUESTED** *(Must include tuition amount for each session):*

	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 IHS-856-13 form to IHSSP,  
801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.*

**DATE REVIEWED** *(IHS use only)*

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#### ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 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.*