



Application Handbook

Your Health Career Starts Here





Dear Scholarship Applicant:

Thank you for your interest in the Indian Health Service (IHS) Scholarship Program. You have already taken the first steps toward your future by furthering your education, envisioning your career and setting goals. It's just the beginning. The IHS Scholarship Program can help you move closer to realizing the future you envision for yourself.

The first IHS scholarship was awarded in 1977. Since then, millions of dollars have been awarded to American Indian and Alaska Native students to help them reach their career goals and dreams, while helping IHS to fulfill its mission: to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. You can help with that mission by traveling a path that brings you opportunity, adventure and a sense of personal fulfillment, working in an Indian community where you're really needed — perhaps your own community.

This booklet contains information on the IHS Scholarship Program, application forms, a step-by-step explanation for completing the application, and a convenient checklist to assist you with the application. Please write or call the IHS Scholarship Program if you have any questions about the scholarships or the application process. After reviewing the instructions and checklist in this handbook, you may also apply online at www.scholarship.ihs.gov.

On behalf of the Indian Health Service, we greatly appreciate your interest in serving your fellow American Indian and Alaska Native people.

A handwritten signature in black ink that reads "Robert E. Pittman".

Robert E. Pittman, RPh, MPH
Rear Admiral, USPHS
Assistant Surgeon General
Director, Division of Health Professions Support

Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance.”

Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Privacy Act Notice

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

Authority

Sections 751-757 of the Public Health Service Act and Sections 102 and 104 of the Indian Health Care Improvement Act (IHCA) (P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, and 1996 (P.L. 100-713, P.L. 102-573 and P.L. 704-313).

Purposes and Uses

The purpose of the Indian Health Service (IHS) Scholarship Program is to obtain health professionals to meet the staffing needs of Indian health programs in health manpower shortage areas.

The information you supply will be used to evaluate your qualifications and suitability for participation in the IHS Scholarship Program. Selections are made on a competitive basis. A recipient’s application and related data are made part of the file to be used within the Department of Health and Human Services for record-keeping and participant management while the recipient is in the program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office, and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending, and the date of graduation, may be made available to health professions associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources, and to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research. You are asked to provide your Social Security number on a voluntary basis. Should you not provide this information and you are awarded a scholarship, you will be required to provide it later for purposes of payroll and payments of scholarship benefits to you.

Effects of Non-Disclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security number, an application will be considered incomplete and chances for selection will be diminished.

Application Deadline

The application deadline is April 28. All application materials must be postmarked by the IHS Scholarship Program office by this date. Meeting the deadline is your responsibility. No extensions will be granted. It is to your advantage to submit with your application all the forms and documents that may be required.

An Important Reminder

IHS Scholarship opportunities are *highly* competitive and there are no guarantees that you will receive an award. If you are applying for any of the IHS scholarships, you should continue your efforts to obtain financial aid from other sources as well.



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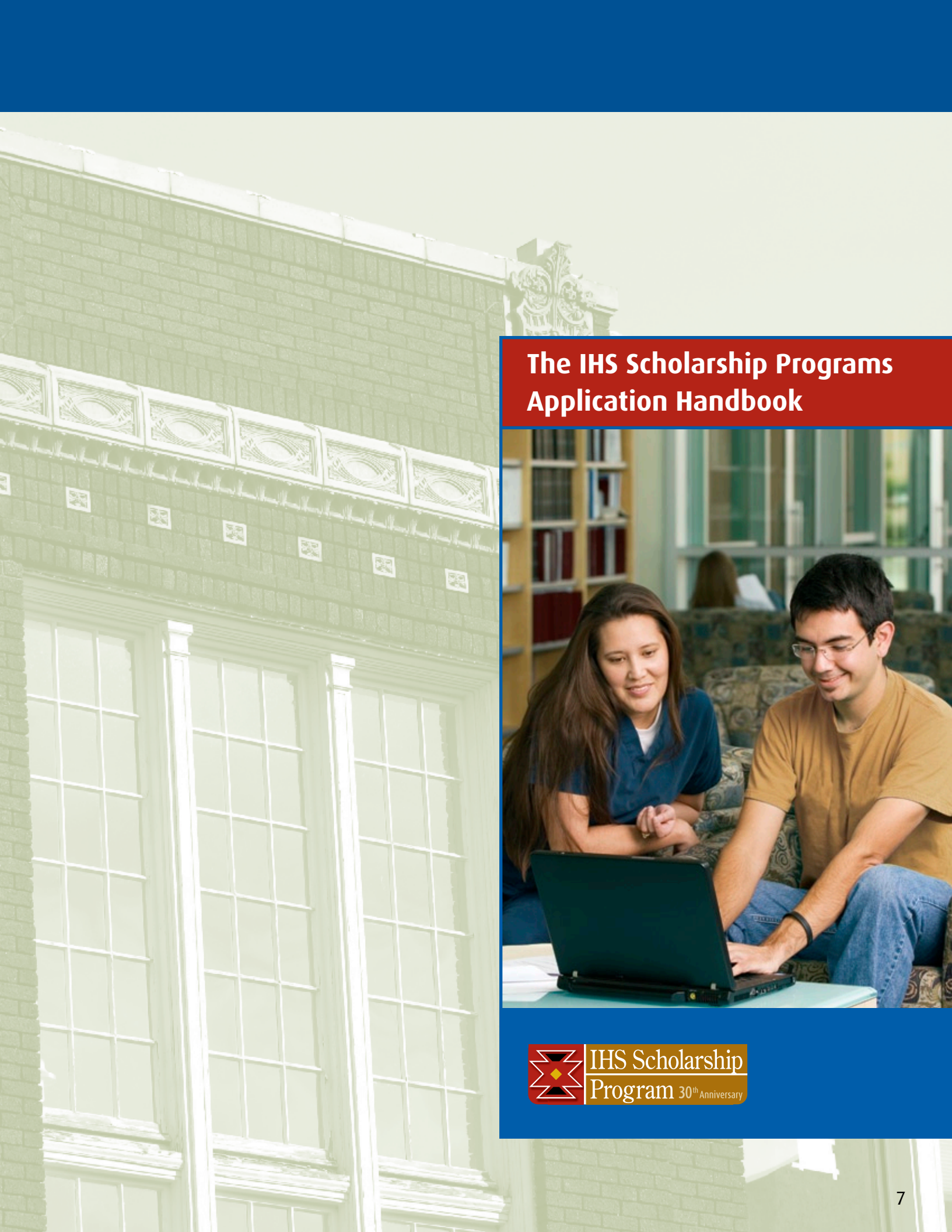
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The IHS Scholarship Programs Application Handbook



The Indian Health Service (IHS) Scholarship Program is a two phase, highly competitive process. The first phase is the application validation process, where the completeness, accuracy and validity of the information you include in your application is assessed. This handbook is designed to help you submit an application that will be validated, and placed into competition for a scholarship award, however, you are responsible for ensuring that your application is complete and accurate so that it may be validated.

If your application is validated, it will be placed into competition for a scholarship award. On average, the IHS Scholarship Program receives about 1200 applications per year, out of which approximately 150 scholarship awards are made, depending upon available funding. There is no guarantee that you will receive an award and you should continue your efforts to obtain financial aid and assistance from other sources as well.

The IHS Scholarship Programs

Scholarships	Disciplines	American Indian and Alaska Native Eligibility	Service Obligation	Years of Funding
<p>◆ Health Professions Preparatory IHCA Section 103(b)(1) Undergraduate Only</p>	<ul style="list-style-type: none"> • Pre-Nursing — Courses leading to a BS in nursing • Pre-Medical Technology — Courses leading to a BS in medical technology • Pre-Pharmacy — Courses leading to a PharmD in pharmacy • Pre-Dietetics — Courses leading to a BS in dietetics • Pre-Social Work — Juniors and seniors preparing for a Master of Science (MS) in social work • Pre-Physical Therapy — Juniors and seniors preparing for an MS in physical therapy • Pre-Engineering — Courses leading to a BS in engineering • Pre-Sanitarian (Environmental Health) • Pre-Occupational Therapy • Pre-Clinical Psychology — Junior and senior undergraduate years <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Descendants and members of federally or state recognized Tribes are eligible.	None	2
<p>◆ Health Professions Pre-Graduate IHCA Section 103(b)(2) Undergraduate Only</p>	<ul style="list-style-type: none"> • Pre-Dentistry • Pre-Medicine • Pre-Podiatry <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Descendants and members of federally or state recognized Tribes are eligible.	None	4
<p>◆ Health Professions IHCA Section 104 Undergraduate & Graduate Level</p>	<ul style="list-style-type: none"> • Chemical Dependency Counseling — Bachelor's and master's degrees • Clinical Psychology — PhD program • Coding Specialist — Certificate • Dentistry — DDS or DMD degrees • Dental Hygienist — BS • Diagnostic Radiology — Technology certificate, associate's degree and BS • Dietician — BS • Environmental Health and Engineering — BS • Health Care Administration — BS and master's degrees • Health Education — BS and master's degrees • Health Records Administration — Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA) • Injury Prevention Specialist — Certificate • Medical Technology — BS • Medicine — Allopathic and osteopathic doctor degrees • Nurse — Degrees: Associate's Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN) Specialties: Certified Registered Nurse Anesthetist (CRNA), Geriatric Nursing, Nurse Practitioner (NP), PED, PSY, WH • Occupational Therapy — BS • Optometry — OD • Pharmacy — PharmD • Physician Assistant — Certified Physician Assistant (PAC) • Physical Therapy — MS and Doctor of Physical Therapy (DPT) degrees • Physical Therapy Assistant — Associate's degree • Podiatry — DPM • Public Health — Master of Public Health (MPH) with concentration in epidemiology only • Public Health Nutrition — Master's degree • Respiratory Therapist — Associate's degree • Social Work — Master's degree with concentration in mental health • Ultrasonography — BS/Certification with completion of prerequisite Diagnostic Radiology Technology <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Members of federally recognized Tribes are eligible.	1 year of service per year of support for scholarship received (minimum of two years)	4

An Important Reminder

IHS Scholarship opportunities are highly competitive and there are no guarantees that you will receive an award. If you're applying for any of the IHS scholarships, continue your efforts to obtain financial aid from other sources as well.

In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (Public Law 94-437), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

To help accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992 and 1996 authorize the Indian Health Service (IHS) to conduct three interrelated scholarship programs, for American Indian and Alaska Native students, to train the health professionals necessary to staff IHS health programs and other health programs serving the Indian people.

You must submit documentation of American Indian/Alaska Native eligibility when you apply. Please see page 10 for further details.

Eligibility Requirements for All Applicants

Eligibility

The following are general eligibility requirements for students applying for any one of the three IHS scholarship programs. Applicants must meet both the general requirements and the specific requirements listed for the individual scholarship program they are applying for in order to be considered. In addition to the specific documentation noted on the application checklist (page 27), applicants must meet these general requirements, as well as the additional requirements for each of the three scholarship programs.

Citizenship

You must be a citizen of the United States at the time you apply for an IHS scholarship award. Permanent resident aliens and other aliens are not eligible to apply.

Documentation of American Indian/Alaska Native Eligibility

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432 with your application. You must use BIA Certification: Form 4432, as follows:

- » **American Indian:** Category A — Members of Federally Recognized Tribes, Bands or Communities
- » **Alaska Native:** Category D — Alaska Native

In the absence of BIA certification, provide documentation that you meet requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe and have been officially designated as a Tribal member as evidenced by an accompanying document signed by an authorized Tribal official, or other evidence of Tribal membership satisfactory to the Secretary of the Interior.

If you are a member of a Tribe terminated since 1940 or a state-recognized Tribe, provide official documentation that you meet the requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe and have been officially designated as a Tribal member as evidenced by an accompanying document signed by an authorized Tribal official; or other evidence, satisfactory to the Secretary of Interior, that you are a member of the Tribe. In addition, if the terminated or state-recognized Tribe of which you are a member is not on a list of such Tribes published by the Secretary of Interior in the Federal Register, you must submit an official signed document that the Tribe has been terminated since 1940 or is recognized by the state in which the Tribe is located in accordance with the law of that state.

If you are not a Tribal member but are a natural child or grandchild of a Tribal member, you must submit: (1) evidence of that fact, i.e., your birth certificate and/or your parent's birth certificate showing the name of the Tribal member; and (2) evidence of your parent's or grandparent's Tribal membership in accordance with the paragraphs above. The relationship to the Tribal member must be clearly documented.

NOTE: If you meet the criteria of a terminated Tribe or are a descendent, you are only eligible for the Preparatory or Pre-Graduate Scholarships.

Complete and Eligible Application

Eligible applicants must submit complete their applications by the deadline date to be considered for any IHS scholarship award. Please see the How to Apply section on page 19 for further instructions on completing your application.

Selection Criteria

EHS Scholarship Program awards are made on a competitive basis to eligible students who meet certain selection criteria. During the selection process, students are ranked with their peers — juniors with juniors and seniors with seniors, for example — for each priority health career category. The amount of funds available each year determines the number of students in each class year's list that are selected for awards.

Applications from students in each of the health profession priorities are reviewed and rated using the following three criteria. The rating system is based on a possible 100 points, divided among the three categories below. The closer your combined rating is to 100, the more likely you are to be competitive enough to receive a scholarship.

Academic Performance (40 pts.)

Applicants are partially rated according to their academic performance, based on official transcripts and faculty evaluations. If it is your school's policy not to rank students academically, faculty members are asked to provide a personal judgment of your achievement.

Health Professions Scholarship Program applicants only: You must have a cumulative GPA of 2.0. If your GPA is below this minimum standard, your application will not be validated for placement into competition for a scholarship award.

Faculty, Employer and Tribal Recommendations (30 pts.)

Applicants are partially rated according to faculty, employer and Tribal recommendations regarding the applicant's potential in their chosen health-related profession.

Stated Reasons for Asking for the Scholarship and Stated Career Goals (30 pts.)

You are asked to explain why you are requesting the scholarship, to state your career goals, and to explain how these goals will help to meet the health needs of American Indian and Alaska Native people. You must provide a brief written explanation of your reasons for asking for the scholarship and a description of your career goals. The narratives weigh heavily toward your rating and are judged by the review committee on how well they are written.

Needs of Indian Health Programs and How the Applicant's Career Goals Relate to Those Needs — Individuals who apply for health career categories not listed as priorities during the scholarship cycle under review will not be considered.

Ranking Procedures

Eligible applicants with complete applications within each career category are reviewed and rated as described above. The scores are determined for each application and a rank order listing is developed for each priority health career category, beginning with the highest- and ending with the lowest-rated application. A cut-off score is determined based on the health professional needs of the Indian health programs, and on the amount of funding available.

Selection Priorities

Priority consideration for funding will be given to:

- » Students currently enrolled in a health profession program who are performing satisfactorily (2.0 GPA average) and require continued scholarship support.
- » Current recipients of the Health Professions Preparatory Scholarship Program or the Health Professions Pre-Graduate Scholarship who have completed their coursework under these programs, are entering a health professions school and are applying in the priority health career categories (See page 13).
- » New applicants who are highly rated and ranked competitively according to the selection criteria.
- » Participants entering their fourth and third year of school, in that order. Applicants entering their first or second year will be considered only if an insufficient number of fourth- and third-year students qualify.

The level of IHS Scholarship Program benefits is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States and, therefore, is subject to change each year.

Preparatory Scholarship Program

The Preparatory Scholarship Program provides financial assistance for American Indian and Alaska Native (federally or state-recognized) students only to enroll in compensatory or preparatory courses in preparation for entry to health professional schools, such as medical, nursing, pharmacy and others as needed. Compensatory courses are those required to improve science, mathematics or other basic skills and knowledge. Preparatory courses are pre-professional studies required in order to qualify for admission to a health professions program.



Pre-Graduate Scholarship Program

The Pre-Graduate Scholarship Program provides financial support for American Indian and Alaska Native (federally or state-recognized) students only to enroll in courses leading to a bachelor's degree in specific pre-professional areas, such as pre-medicine, pre-dentistry and others as needed by Indian health programs.

Health Professions Scholarship Program

The Health Professions Scholarship Program is for American Indian and Alaska Native (federally recognized only) students enrolled in health professions and allied health professions programs. Students incur service obligations and payback requirements on acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified.

Preparatory Scholarship Program Details

Priority Health Career Categories

To be considered for Preparatory Scholarship support you must be accepted by or enrolled in a college or university beginning in the fall term of this year in a priority career category. Health career categories given priority for scholarship awards change yearly, depending on Indian health program staffing needs. Please visit www.scholarship.ihs.gov to view this year's priority list.

Specific Requirements for the Preparatory Scholarship

Opportunities are available for American Indian and Alaska Native (federally or state-recognized) students. In addition to the specific items on the application checklist (page 27) required for application, you must meet the following requirements:

- » High school graduate, or equivalent
- » Capable of completing a health professions course of study
- » Enrolled or accepted for enrollment in a compensatory/pre-professional general education course or curriculum
- » Intend to serve Indian people as a health care provider in your chosen discipline or specialty
- » Provide a course curriculum outline, advisor-signed and approved, covering your major from first year to completion (at least 12 credit hours per semester/quarter for full-time, or six to 11 credit hours for part-time) and verifying that the courses are preparatory to enrollment in your chosen health professional program or are required to meet any educational deficiency and compensatory needs at the pre-professional level.

Support

Scholarship support is paid for ten months each academic year, and is available for up to two academic years full-time or four academic years part-time. Support covers costs of compensatory and pre-professional education that enables the student to qualify for enrollment or reenrollment in a health professions school (i.e., freshman and sophomore years of study leading to a bachelor's degree in a priority health profession, or the last two years of undergraduate study required for entry into graduate professional school). To receive priority consideration



for additional periods of scholarship support, students must meet the continuation eligibility requirements and be recommended for continuation by their IHS discipline chief.

Continuation Eligibility

To remain eligible for continued Preparatory Scholarship funding, students must apply annually and meet the following continuation eligibility criteria:

- » Be in good academic standing in their program
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Remain full-time or part-time during the current academic year

Pre-Graduate Scholarship Program Details

Priority Health Career Categories

To be considered for Pre-Graduate Scholarship support, you must be accepted by or enrolled in a college or university beginning in the fall term of this year in a bachelor's degree program leading to entry into an accredited professional school in a priority career category. IHS Pre-Graduate Scholarships are awarded based on the health professional staffing needs of Indian health programs. Categories may change from year to year, but typical priorities can include pre-medicine, pre-dentistry and pre-podiatry. Priority is given to undergraduate juniors and seniors, while freshmen and sophomores will receive awards if remaining funds are available. Please visit www.scholarship.ihs.gov to view this year's priority list.

Specific Requirements for the Pre-Graduate Scholarship

Opportunities are available for American Indian and Alaska Native (federally or state-recognized) students. In addition to the specific items on the application checklist (page 27) required for application, you must meet the following requirements:

- » High school graduate, or equivalent
- » Capable of completing a health professions course of study
- » Enrolled or accepted for enrollment in a pre-professional bachelor's degree program, or equivalent
- » Intend to serve American Indian and Alaska Native people as a health care provider in your chosen discipline or specialty
- » Provide a course curriculum outline, signed by a school official (preferably your advisor), covering your major from first year to completion (at least 12 credit hours per semester/quarter for full-time, or six to 11 credit hours for part-time) and verifying that the coursework being taken is required for an undergraduate curriculum leading to a bachelor's degree in a pre-professional program that will prepare you for acceptance into a school of medicine, podiatry or dentistry upon its completion.

Support

Pre-Graduate scholarship support is paid for ten months each academic year, for up to four academic years full-time or eight academic years part-time, for studies leading to enrollment in an accredited professional school. Only those students who meet the continuation eligibility criteria will be given priority consideration for additional periods of support.

Continuation Eligibility

To remain eligible for continued Pre-Graduate Scholarship funding, students must apply annually and meet the following continuation eligibility criteria:

- » Be in good academic standing in their pre-graduate program
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Remain full-time or part-time during the current academic year

Health Professions Scholarship Program Details

Priority Health Career Categories

To be considered for Health Professions Scholarship support, you must be accepted by or enrolled in a college or university professional school beginning in the fall term of this year in a priority career category. Health career categories given priority for scholarship awards change yearly, depending on Indian health program staffing needs. Please visit www.scholarship.ihs.gov to view this year's priority list.

Specific Requirements for the Health Professions Scholarship

Opportunities are available for American Indian and Alaska Native (federally recognized only) students. In addition to the specific items on the application checklist (page 27) required for application, you must meet the following requirements:

- » High school graduate, or equivalent
- » Enrolled or accepted for enrollment in a full- or part-time study program in a priority category leading to a degree from a health-related professions school within the US
- » Sign a contract to practice at an Indian health program priority site — one year of service for each year of scholarship support
- » If a part-time student, submit documentation showing that school and course curriculum allow part-time status
- » Will receive degree in no more than four years from time of application
- » Submit course curriculum for your major from first year to completion

Support

Health Professions Scholarships are awarded for a one-year period (12 months of support), with re-application required for each year of continuation. Stipends are paid for the 12-month period beginning each year from August 1 through July 31 for health and allied health professional education up to four years (full-time) or up to eight years (part-time). To receive priority consideration for each year of scholarship support, students must meet the continuation eligibility requirements and be recommended for continuation.

Continuation Eligibility

To remain eligible for continued Health Professions Scholarship funding, students must apply annually and meet the following continuation eligibility criteria:

- » Maintain an overall 2.0 grade point average in their chosen health/allied health professions curriculum
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Submit a letter from the program director verifying the full-time or part-time status of that institution's health and allied health program

Scholarship Program Contract (For Health Professions Applicants Only)

If you receive an IHS Scholarship Award, you must sign the Indian Health Service Scholarship Program Contract (Form IHS-818). By signing, you are agreeing to acceptance of funds and to perform a service obligation with IHS after graduation in the health professions in which you were funded, of one year for each year of scholarship support received (or the part-time equivalent), with a two-year minimum service period. To fully understand this obligation, please read the contract carefully before signing and submitting.

Your obligations are defined in the contract's Section B — Obligations of the Applicant.

You may be liable for breach of contract if you fail to maintain an acceptable level of academic standing in course studies, or fail to begin or complete obligated service under the contract. See IHS Scholarship Program Contract: Section C — Breach of Scholarship Contract.

Health Professions Scholarship Program Details continued

Service Obligation

Health Professions Scholarship Program recipients incur a service obligation of 1 year for each year of scholarship support received (or the part-time equivalent) with a minimum service period of 2 years. Your service obligation must be in full-time clinical practice in the health profession in which you were funded.

After graduation, your active duty service obligation is fulfilled, as designated by the Director of IHS, in one of the following areas:

- » Indian Health Service (IHS)
- » A Tribal health program (contracted under the Indian Self-Determination Act [P.L. 93-638])
- » An Urban Indian health program (assisted under Title V — Health Services for Urban Indians, of the Indian Health Care Improvement Act [P.L. 94-437]), or
- » Private practice in a designated health professional shortage area addressing the health care needs of 51 percent of American Indians and/or Alaska Natives in that area.

You can also elect to fulfill the service obligation in one of the above areas that is located on the reservation of the Tribe, or that serves the Tribe in which you are enrolled.

Assignment opportunities are reviewed with students and approved early in the final school year. The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Although the ultimate responsibility for seeking a position is the Health Professions Scholarship recipient's, the IHS Scholarship Program staff and IHS Discipline Representatives are available to assist with and facilitate placement. Please visit www.careers.ihs.gov for more information.

According to the Indian Health Care Improvement Act and the Public Health Service Act, the active duty service obligation must be served in full-time (40 hours per week) clinical practice. You will have an opportunity to find placement to serve your active duty service obligation, consistent with the statutory mandates listed above. However, if there is a difficulty in placement, you may be assigned to an IHS geographic area where there is an existing need.

Employment Options

Before the service obligation begins, Health Professions Scholarship participants will be given information on the two personnel systems used by IHS: the US Public Health Service (USPHS) Commissioned Corps and the Federal Civil Service. For Tribal hire information regarding Indian Self-Determination Act (P.L. 93-638) programs or Title V Urban programs, you may contact those programs directly. The Indian Health Service Scholarship Program staff is also available for placement assistance.

Deferments

Post-Graduate Training

Health Professions Scholarship recipients may request deferment of their service obligation for further training. Detailed information on this procedure is given in the spring of your senior year and is outlined below. As an IHS scholarship-obligated graduate, it is your responsibility to familiarize yourself and comply with the information bulletin and instruction you will receive. Failure to do so may result in non-approval of your deferment request.

Deferment of the service obligation is intended to permit scholarship recipients to complete approved graduate clinical training programs (i.e., those programs of graduate clinical training which fulfill the requirements for board certification and have been approved by the appropriate certifying boards, as determined by the Secretary, Department of Health and Human Services). Training which fulfills the requirements for board certification is considered by the IHS Scholarship Branch to be the graduate clinical training and years of practice required by the appropriate American specialty board for the candidate to be board certified.

To be eligible to serve with IHS as an allopathic or osteopathic physician, graduates must complete at least one year in an approved graduate clinical training program. Completion of post-graduate training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled. Scholarship recipients who elect to serve after only one year of graduate clinical training will compete with board eligible practitioners for a limited number of vacancies and may experience difficulty in identifying assignments in which to serve. Therefore, in order to become fully qualified practitioners, graduates are encouraged to complete training in an approved specialty.



- » To be eligible to serve with the IHS as a licensed social worker, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To be eligible to serve with the IHS as a licensed clinical psychologist, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To serve with IHS as a registered pharmacist, graduates may elect to complete one additional year of training in an ASHP accredited pharmacy residency program.

Note: No period of internship, residency or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under Section 104 (b)(3)(A) of the IHCA, P.L. 94-437, as amended.

Program Benefits

Stipend for Student Living Expenses

The estimated stipend amount for student living expenses, including room and board, will be no less than \$1,250 per month and will be deposited at the end of each month. This amount is pro-rated for part-time students. Each scholarship recipient will receive an award letter specifying the total dollar amount for the award.

Health Professions Scholarship recipients will receive a stipend for the 12-month period beginning August 1 through July 31. The first stipend checks will be electronically transmitted via direct deposit to their bank accounts from the Treasury Department at the end of the month of August.

Health Preparatory and Health Professions Pre-Graduate Scholarship recipients will receive a stipend for only the academic period covered by their awards: August 1 to May 31. The first stipend checks will be electronically transmitted via direct deposit to their bank accounts from the Treasury Department at the end of the month of August. Stipends for the months of June and July will be paid only to those students who have requested to attend summer sessions and have been approved in advance to do so.

Your scholarship stipends will be paid by direct bank deposit and this information will not be changed during your entire first year of scholarship funding. You will not be allowed to change banks unless you change schools and relocate to another city.

Payment of Tuition and Required Fees

IHS makes direct payment to the scholarship recipient's school for tuition and required fees for the school year. Summer school is excluded unless specifically requested and approved in advance. IHS will officially notify the school of the scholar's participation in the IHS Scholarship Program. Until the school receives billing instructions, this notification of award authorizes the school to bill IHS directly for tuition and required fees during the first week of October.

IHS pays for tuition and fees directly applicable to the student's approved curriculum and program. Payment will not be made for tuition and fees unrelated to the approved program, for membership dues for student societies, associations and similar expenses, or for school terms prior to the scholarship award period.



Items Paid

IHS will pay for the following items:

- » Tuition costs and mandatory fees. Any mandatory fees, such as lab fees and health unit fees, are paid if they're included on the school's invoice. The school should submit all invoices to the Division of Grants Operations.
- » Books, laboratory expenses and other education expenses. These are paid in advance in a lump sum to the student for the school year.
- » Travel expenses. Students receive \$300 in advance to offset travel costs to and from school for the year.
- » Tutorial costs. A maximum of \$400 for full-time or \$200 for part-time for the academic year is paid directly to the student, who must specifically request tutorial services. Payment is subject to approval of the Scholarship Branch Chief.

Items Not Paid

IHS will **not** pay the following items:

- » School bookstore invoices or books/dental/medical equipment (unless certain dental/medical equipment is rented from the school).
- » Health insurance. Colleges/universities will accept documentation from your Tribe or Indian Health Service facility that you are eligible for health care and/or contract health care from our Indian health programs. If you find that the availability of health care services is inconvenient, you will be responsible for a separate health insurance policy, group or individual, while in school.
- » Additional travel expenses incurred over the lump sum amount of \$300.

Payment for Other Reasonable Education Expenses

Scholarship recipients receive a lump sum amount in their August stipend check that is intended to cover the costs of books, travel and other necessary education expenses. No additional payments for such expenses will be made beyond the lump sum amount. Certain expenses, such as daily commuting and parking costs, are not covered by these payments.

Your Scholarship Benefits Are Taxable

Scholarship funds are subject to federal income tax, and possibly state and local taxes.

IHS only withholds federal income and Federal Insurance Contributions Act (FICA) taxes from your stipend checks. Please inquire in your state about any state tax liability on your award. For instructions concerning allowances, exemptions and filing status, refer to the W-4 form for the current year (see page 59) and/or contact your local Internal Revenue Service office.

Continuing Support After the Current Funding Period

IHS scholarships are awarded for one school year only, but you can request continuing support annually if you fulfill the criteria specified for your specific scholarship program (see the detailed description for each program's criteria). However, continued funding depends on Congressional appropriation for the program.

Acceptance of Other Federal Benefits

Multiple Federal Scholarships

If you are currently receiving scholarship funding from other federal agency sources, you should inform them if you are selected to receive an IHS scholarship. This is done to eliminate duplicate payment of tuition and other educational expenses. Additionally, the awarding agency might prohibit duplicate awards.

Other Public Health Service Benefits

If you are currently receiving scholarship funds under the National Health Service Corps Scholarship Program (Section 751 of the Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (Section 758 of the Act), you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which these scholarships were awarded. If you are a previous recipient of a Scholarship Program for First-Year Students of Exceptional Financial Need, your IHS Scholarship application will be given preferential consideration for an award.

Veterans Benefits

You may continue to receive education benefits from the Veterans Administration (G.I. Bill) along with IHS scholarship funds since VA benefits were earned by prior active duty in a uniformed service.

Benefits From State, Local and Other Federal Sources

If you owe an obligation for professional practice to a state or other entity under an agreement made before applying for IHS scholarship funding, you are not eligible for an award unless the state or entity submits to the Secretary of Health and Human Services a written statement which says:

- » There is no potential conflict in fulfilling your service obligation to the state or entity and the IHS Scholarship Program, and
- » The IHS Scholarship Program service obligation will be served before or concurrently (if applicable) with the service obligation for professional practice owed to the state or entity.



Application

This handbook contains a complete set of IHS Scholarship Program application forms. If you need additional forms or handbooks, please download them from our Web site, or if you have any questions, please contact the IHS Scholarship Program.

You can also apply online. Visit www.scholarship.ihs.gov and click Apply Now. You will need all the same information to apply online that you need to apply using this application handbook. The checklist on page 27 is also available online. Please use it to gather all of the supporting documentation before you begin the online or paper-based application process. And, the online application is designed to save your work, so you may stop and start at your convenience. If you choose to apply online, you will still need to submit of all the supporting documentation, original and one copy, as described in this handbook.

Application Deadline

The application deadline is April 28. **Late applications will not be considered for funding.** Applications are considered to have met the deadline if they are received by the IHS Scholarship Program office:

IHS Scholarship Program
801 Thompson Avenue, Suite 120
Rockville, Maryland 20852
Scholarship Branch Phone: (301) 443-6197
Division of Grants Operations Phone: (301) 443-0243
www.scholarship.ihs.gov

Hand-carried — On or before the deadline date when received by close of business (5:00 pm), or

Mailed/Other Service — Postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. A legible, dated receipt from a commercial carrier (such as FedEx or UPS) or the US Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Complete Application

Your complete application consists of the following:

1. Application Checklist

Include your completed checklist with original signature.

2. Application Form

The form must be completed, signed and dated. New applicants must complete Form IHS-856. Important: You must include the date, month and year of your graduation.

3. Two Faculty/Employer Recommendations (Attachment II)

4. Documentation of American Indian/Alaska Native Eligibility

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432. Use Category A for American Indian: Members of Federally Recognized Tribes, Bands or Communities, and Category D for Alaska Native.

5. Official Transcript

Provide one original official transcript from each college and university attended. Official transcript means the institutional seal and/or the signature of the registrar must be present. If you have not attended a college or university, submit official high school transcripts. If you did not graduate from high school, submit a copy of an official document verifying completion of high school equivalency. The cumulative grade point average (GPA) will be determined from the official transcript(s). The GPA is one of the factors included in your final application rating.

6. Proof of Acceptance

Provide written evidence of acceptance into school, such as an original Letter of Acceptance, or, if applicable, a letter indicating continuing eligibility for enrollment for the fall/spring academic year for which you're applying for academic support, signed by an appropriate school official.

Health Preparatory and Pre-Graduate program applicants

— requires only a general acceptance into school for the fall/spring academic year in which you're applying for scholarship support.

Health Professions program applicants — requires a specific letter of acceptance (most current) into the specific health category. A letter of general admission to a school is not acceptable and will cause your application to be considered incomplete.

7. Reasons for Requesting Scholarship Form

8. Delinquent Federal Debt Form

9. W-4 Form

Must have original signature.

10. Verification of Course Curriculum Form (Attachment I)

Must be signed by an appropriate official.

11. Curriculum for Major

12. Part-Time Status Documentation

For part-time applicants, include documentation that your professional school or program and course curriculum allow less than full-time status.

13. Copy of Application Packet

You will need an original and two copies of your complete application and supporting documentation. Submit the original and one copy to the IHS Scholarship Program and keep one complete copy for yourself.

14. Acknowledgement Card

This is optional, to let you know that your application has been received.

Important Reminders

Before submitting your application, make sure that you:

- » **Submit documents with *original* signatures.** All documents submitted with this application must have the original signatures to be valid.
- » **Submit official transcripts.** All transcripts must be official to be valid.
- » **Submit proof of enrollment/acceptance.** Include current written evidence of your letter of acceptance into the school/program for the academic year for which you are requesting scholarship support.
- » **Submit documentation of American Indian/Alaska Native eligibility.** A Certificate of Indian Blood (CIB) alone is not enough for acceptance. You must provide official evidence of Tribal membership.
- » **Submit a Form W-4 (for the current year).** You must submit a Form W-4 for the current scholarship year with the application for it to be complete.
- » **Submit your curriculum.** Include the entire curriculum for the major in the scholarship for which you are applying.
- » **Fill out Form IHS-856.** Be sure to fill out the bubble sheet, Form IHS-856, completely in No. 2 lead pencil. Sign and date it in ink.
- » **Submit the original and one copy of your application.** Make two copies of your complete application and supporting documentation. Submit the original and one copy to the IHS Scholarship Program and keep one complete copy for yourself.

Step-by-Step Instructions



Instructions for the Academic Year

2008 – 2009 Application Checklist

Within the following pages, you will find detailed instructions for completing your IHS Scholarship Program application. The checklist is included to assist you in preparing your application and to ensure that it is complete. Check off each item as you complete it and gather the documentation required. Return the completed checklist along with your completed application.

Beginning with the boxes above the checklist, fill in your name, career category, Social Security number and the name of the IHS Area Office through which you are applying for the scholarship. If you have ever received an IHS scholarship or grant, check the "YES" box, then note the career category of your scholarship or grant, and indicate which section (scholarship or grant) it is in.

In the next box, check the specific scholarship for which you are applying. If you are a continuing student, please refer to the Student Handbook for instructions on how to apply for continuation.

All scholarship applicants must fill out the required forms and provide the necessary documentation for the first 12 items on the checklist. The last item is to be completed *only* by Master of Public Health (MPH) applicants for the Health Professions Scholarship. The Health-Related Experience form is where you can document any experience you might have in a health field. Filling it out is optional.

Each item of the checklist is explained in detail in the following sections.

Include your signed and dated Application Checklist form with your completed application. Be sure you have checked off all applicable items on the form before submitting the complete package.



**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM
ACADEMIC YEAR 2008-2009 APPLICATION CHECKLIST**

The applicant must complete and forward this sheet with the application and required documents.
Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	CAREER CATEGORY
SOCIAL SECURITY NUMBER	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT? Yes No
 If "Yes", enter below:
 CAREER CATEGORY _____ SECTION _____

TYPE OF NEW APPLICATION Health Preparatory Pregraduate Health Professions

ALL APPLICANTS:	<i>NEW</i>
1. Application Checklist	<input type="checkbox"/>
2. Application Form IHS-856	<input type="checkbox"/>
3. Letter of Acceptance from College/Proof of Application to Health Professions Program	<input type="checkbox"/>
4. Official Transcripts for All Colleges Cumulative GPA: Applicant's Calculation: _____	<input type="checkbox"/>
5. Documentation for American Indian/Alaska Native Eligibility	<input type="checkbox"/>
6. Two Faculty/Employer Evaluations with original signatures	<input type="checkbox"/>
7. Reason for Requesting Scholarship	<input type="checkbox"/>
8. Delinquent Debt Form	<input type="checkbox"/>
9. W-4 Form with original signature	<input type="checkbox"/>
10. Course Curriculum Verification with original signature (If part-time— minimum of six credit hours)	<input type="checkbox"/>
11. Acknowledgment Card	<input type="checkbox"/>
12. Curriculum for Major	<input type="checkbox"/>
<i>HEALTH PROFESSIONS APPLICANTS ONLY:</i>	
13. Health Related Experience (MPH Only) – Optional Form	<input type="checkbox"/>

I verify the application is complete.

APPLICANT'S SIGNATURE	DATE
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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, ATTN: PRA (0917-0006).

Instructions for Checklist Line 2

Application Form IHS-856 (Bubble Sheet)

Please read all instructions before making any entries on the application. Errors or omissions on the form will delay or prevent the processing of your application. The application IHS Form-856 (bubble sheet) **must be filled out using a No. 2 lead pencil. Do not use a ballpoint pen or any other type of pen.** Do not fold or bend this form, staple it or deform it in any way.

You will record your information two ways:

- » Print the required information in the boxes above the columns of bubbles, or circles. *Begin in the first box of each set and print only one letter per box.*
- » Blacken the appropriate circle for each letter, number, symbol or empty space in the column directly beneath a box that you've written in. Fill in the empty circles above row A only for spaces that you have left intentionally blank between words.

When completing the form, take care to:

- » Answer *all* questions.
- » Fill in the circles completely, making your marks dark and heavy.
- » Stay within the circles. If you must erase stray marks or incorrect entries, be sure to erase completely.

Section A – General

This section covers general applicant information, including personal data and your Tribal information.

Line 1 – Discipline or Prerequisite Track

Enter the name of your program and fill in the corresponding two- or three-letter code in the boxes, then blacken the appropriate circles in the columns below it. The table below contains the program names and codes. If your program is not listed here, you are not eligible for an IHS scholarship.

Health Professions Preparatory:

PCP	Pre-Clinical Psychology
PDI	Pre-Dietetics
PEN	Pre-Engineering
PMT	Pre-Medical Technology
PNU	Pre-Nurse
POC	Pre-Occupational Therapy
PPH	Pre-Pharmacy
PPT	Pre-Physical Therapy
PSN	Pre-Sanitarian
PSW	Pre-Social Work

Health Professions Pre-Graduate:

PDD	Pre-Dentistry
PMD	Pre-Medicine
PPY	Pre-Podiatry

Health Professions Scholarship:

ADA	Chemical Dependency Counseling
ADN	Associate Degree Nurse
CP	Clinical Psychologist
CS	Coding Specialist (Certificate)
DD	Dentist
DH	Dental Hygiene
DI	Dietician
DO	Physician, Osteopathic
ENG	Engineering
GER	Geriatric Nursing
HCA	Health Care Administration
HE	Health Education
HRC	Health Records
IPS	Injury Prevention Specialist
MD	Physician, Allopathic
MDT	Medical Technology
MPH	Master of Public Health (MPH)
NA	Registered Nurse Anesthetist (CRNA)



NP	Nurse Practitioner
NU	Nurse, with a minimum of a BS in Nursing (BSN)
OCT	Occupational Therapy
OPT	Optometrist
PA	Physician Assistant
PED	Pediatric Nursing
PH	Pharmacist
PHN	Public Health Nutritionist
POD	Podiatrist
PSY	Psychiatric Nursing
PT	Physical Therapist
PTA	Physical Therapy Assistant
RT	Respiratory Therapist
SAN	Environmental Health (Sanitation)
SON	Ultrasonographer
SW	Social Worker
WH	Women's Health Nursing
XRY	Radiology Technology

Example: A scholarship applicant is pursuing a bachelor's of science degree in nursing (BSN). To fill in the form correctly:

1. Find the program name "Nurse".
2. Write the code "NU" in the boxes.
3. Blacken the "N" circle in the first column under the letter "N" you have entered, and blacken the "U" circle in the next column under the letter "U" you have entered.

Line 2 – Your Full Name

Enter your first and middle names, with one space between them, in the appropriate section of boxes, and your last name in the next section of boxes. Blacken the corresponding circles, including one for the space between your first and last names.

If your name contains a suffix, such as junior (Jr.), senior (Sr.), II (the second) and so on, blacken the appropriate circle in the box to the right of the name sections.

2. YOUR FULL NAME (SEE INSTRUCTION BOOKLET).

LAST NAME ONLY

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	.
	A</																										

Line 3 – Street Address Only

Enter your street name and number only in this section. Blacken the appropriate circles below the boxes. Do not enter the City, State and ZIP Code here. You will do that in the next section. If you do not require a second line for your street address, leave that section of boxes blank.

Line 4 – City, State and ZIP Code

Line 4a – City Only

Enter the name of your city only in this section. Blacken the corresponding circles below the boxes.

Line 4b – State

Blacken the corresponding circle for your state (includes territories and protectorates).

Line 4c – ZIP Code

Enter your ZIP Code in the boxes and blacken the corresponding circles below them.

If you do not know your ZIP+4 code, leave the last four columns blank and enter only the five-digit ZIP Code.

Line 4d – Area Office Code

Write the two-digit numeric code for your IHS Area in the boxes and blacken the corresponding circles.

Line 5a – Home Phone Number

Enter your area code and home phone number and blacken the corresponding circles.

Line 5b – Daytime Phone Number

Enter your daytime phone number. *If this number is the same as your home phone number, please enter it again here.* Blacken the corresponding circles.

Line 6 – Social Security Number

Enter your Social Security number and blacken the appropriate circles. You are asked to provide your Social Security number on a voluntary basis. However, if you do not provide this information and you are awarded a scholarship, you will be required at that time to provide it for purposes of payroll and payments to you of scholarship benefits. For more information, see the Privacy Act Notice on page 2 of this handbook. The number is used for identification purposes only. If you do not have a Social Security number, you should make immediate efforts to obtain one by calling your local office of the Social Security Administration.

Line 7 – Email Address

Your email address will be the primary form of communication, so enter an address that you check frequently. Blacken the corresponding circles. Note that symbols often used in email addresses, such as “@”, “.”, “-” and “_” are the bottom four rows of circles. If you do not have an email address, leave this area blank.

Line 8 – Place of Birth

Print the city and state or country of birth in the boxes, and blacken the corresponding circles.

Line 9 – US Citizenship

If you are a citizen of the United States, blacken the “YES” circle. Only US citizens or naturalized citizens are eligible for IHS scholarship awards.

Line 10 – Are you Eligible?

If you are American Indian or Alaska Native, blacken the “yes” circle. Those eligible will be required to show the following proof when applying:

BIA Certification: Form 4432, as follows:

- » American Indian: Category A — Members of Federally Recognized Tribes, Bands or Communities
- » Alaska Native: Category D — Alaska Native

Please refer to the section on Documentation of American Indian/Alaska Native Eligibility for exceptions and a detailed explanation of the documentation required.

Line 11 – Tribal Code

This section is for use by the IHS Scholarship Program office *only*. Applicants should leave this section blank.

Line 12 – Tribal Recognition

Blacken the circle that describes your Tribal recognition:

1. Your Tribe is federally recognized
2. Your Tribe is state-recognized
3. You are a descendent of a federal or state Tribe, or both

If your Tribe is state-recognized, fill in the boxes with the phone number and address of your State Attorney General’s office or the Commissioner of Indian Affairs.

Line 13 – Recipient of EFN Scholarship

If you were previously a recipient of financial support under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN), blacken the “YES” circle. Preferential consideration is given to otherwise eligible applicants who are previous recipients of EFN scholarships. If you select “YES”, you must submit a letter of verification from an official at the school where you received the scholarship. Please contact the Grants Management Office if you have additional questions. If you are currently receiving EFN scholarship funding, you are not eligible for an IHS scholarship.

Line 14 – Previous Service Commitment

If you are currently under any obligation to practice your profession in a state or other entity after you complete your training, this could conflict with the service obligation you incur under the IHS Scholarship Program. *If you are obligated to practice under another program, read the terms of your agreement with that program carefully.* Such an obligation does not necessarily make you ineligible for the IHS Scholarship Program, as many service agreements will allow you to serve the IHS Scholarship Program service obligation first. If this is your case, there is no conflict and you should answer “NO”.

If you are not currently under any service obligation to another program, answer “NO”.

Line 15 – Future Specialty Interest

Print the name of the specialty you are planning to pursue. Find the matching code from the list below, enter it in the boxes and blacken the corresponding circles in the specialty code blocks.

If you do not have a specialty preference at this time, enter the word “UNKNOWN” in the box and blacken the corresponding circles. **Note:** All residencies require prior approval.

Family Practice	FP
Child Psychiatry	CPSY
Emergency Medicine	EM
General Psychiatry	GPSY
General Surgery	GSUR
Obstetrics/Gynecology	OBGYN
Pediatrics	PED
Internal Medicine	INT
Nurse Practitioner	NP (Master’s Level Only)

NP Specialty, if applicable:

Acute Care	AC
Adult Health	AH
Family Health	FH

Gerontology Health	GH
Neonatal Health	NH
Oncology	ONC
Pediatric/Child Health	PCH
Psychiatric/Mental Health	PMH
Women’s Health	WH

Line 16 – Permanent Contact Person

Print the name, permanent address and phone number of a person through which you can always be contacted and that will not change, such as a parent, relative or close friend.

Line 17 – W-4 Form (Employee’s Withholding Allowance Certificate)

Your application packet includes an Internal Revenue Service (IRS) Form W-4 that you must complete and submit with your application. IHS Scholarship funds are subject to federal income tax, and possibly state and local taxes. IHS withholds federal income taxes only from your stipend checks. Please inquire in your state about any state tax liability on your award. For instructions concerning allowances, exemptions and filing status, refer to the W-4 form for the current year — refer to page 59 of this handbook.

On the IHS-856 Form (bubble sheet), you will supply some of the information that you entered on the W-4 form by blackening the corresponding circles. For lines 17a through 17d, provide the following information:

Line 17a – Your marital status for withholding federal income taxes.

Line 17b – The total number of withholding allowances you are claiming (up to seven).

Line 17c – If you are claiming exemption from withholding.

Line 17d – Specify any additional amount you would like to be deducted each pay period. If you want additional deductions, state this amount in whole dollars. You must enter a numeral in all three boxes and blacken the corresponding circles. For example, if you want \$30 deducted, enter “030” in the boxes and blacken the circles for “030” or if you want \$0 deducted, enter “000” in the boxes and blacken the circles for “000.”

If you do not wish tax withheld from your monthly stipend check, you should claim “exempt” on the W-4 form and skip line 17b.

Section B – Degree Program

In this section, you will answer questions that pertain only to the scholarship for which you are applying.

Line 1 – Enrollment Status

Select full-time or part-time. In the boxes, enter the average number of credit hours you will be enrolled in for the term, quarter or semester. Full-time status is 12 or more credit hours. Part-time status is six to 11 credit hours. Blacken the corresponding circles.

Line 2 – School Name

Print the name of your school in the box, and blacken the corresponding circles.

Line 3 – School Location

Print the city and state where your school is located, and blacken the corresponding circles.

Line 4 – School Code

This section is for use by the IHS scholarship program office only. *Applicants should leave this section blank.*

Line 5 – Date of School Attendance

Enter the month and year you first attended or will attend school. Blacken the corresponding circles.

Line 6 – School Tuition Charge Status

Select the category in which you will be charged tuition and fees for the school year for which you're applying for scholarship assistance. If your school charges the same tuition and fees for in-state residents and out-of-state non-residents, select the third choice. Blacken the corresponding circle.

Line 7 – Specific Scholarship

Line 7a – Select the scholarship for which you are applying.

Line 7b – **This line is extremely important.** Enter the month and year you expect to graduate, or the month and year you expect to complete the required coursework. Select "June" if you cannot confirm your graduation month. **Blacken in corresponding circles.**

Line 8 – For Health Professions Scholarship Applicants Only

Select the year of health professions coursework you will be enrolled in during the academic year for which you are applying for a scholarship.

Line 9 – Previous College or University Attendance

College or University

If you have attended college or graduate school, provide information on your attendance. Enter the name of your school(s), the appropriate city and state, the month and year you attended, the number of credit hours you completed, the type of degree you obtained, and the month and year you obtained the degree (if applicable). If you are graduating within six months of the application, enter the degree you will obtain and the month and year you expect to graduate. Submit with your application official transcripts from each college or university.

High School or GED

If you have not attended college, complete this set of boxes to provide information on your high school attendance or GED high school equivalency. Enter the name and location of your high school, or where your GED was obtained. Enter the month and year you attended, and your graduation date, or the date you were awarded your GED certification.

Section C – Miscellaneous

Line 1 – Date of Birth

Enter the month, day and year of your birth in this format: 02-05-74 (for February 5, 1974, for example). Blacken the corresponding circles under the boxes.

Line 2 – Gender

Blacken the appropriate circle for your gender.

Line 3 – Permission to Receive Additional Funding Information

If you are not selected to receive a scholarship, IHS would like permission to forward your application to other potential funding sources, including other government agencies, non-governmental sources and Tribal sources. Select "YES" if you would like IHS to do this, or "NO" if you would not.

Line 4 – Grant Number

This section is for use by the IHS Scholarship Program office only. *Applicants should leave this section blank.*

Section D – Certification

In this section, you will certify that the information you have given is accurate and complete to the best of your knowledge. The information you provide might be investigated, and any willful misrepresentation will be cause to reject your application for an IHS scholarship award. If a scholarship has been awarded, willful misrepresentation will make you liable for repayment of awarded funds. False statements may be punished as a felony under US code, Title 18, Section 1001.

After you have read the certification statement on the application sheet and understand it fully, sign your full name and date the application *in ink* in the boxes provided.

Checklist Line 3

Letter of Acceptance or Proof of Application to Health Professions Program

New Applicants: You must submit proof of acceptance into school, such as an original Letter of Acceptance. If you are already attending school, submit a letter indicating that you are eligible for enrollment in the fall/spring academic year for which you are applying for scholarship support, signed by an appropriate school official.

Health Preparatory and Pre-Graduate Applicants: A general acceptance into school for the fall/spring academic year in which you are applying for scholarship support will satisfy this requirement.

Health Professions Applicants: You are required to submit a specific letter of acceptance (the most current) showing you have been accepted into your specific health category. A letter of general admission is not acceptable.

If you have applied to more than one school and are awaiting acceptance from any one of them, you must include letters from *all* of the schools you have applied to stating that your application for admission has been received. These letters must include the date formal acceptance will be given if you are accepted. If you submit such letters, you must follow up with evidence of official acceptance to the school you choose to attend *as soon as you are informed of your acceptance*. This official acceptance must be received by IHS prior to the selection of students to be awarded (later dates of acceptance can be considered on a case-by-case review and if there is documentation from the school to this effect).

If you have received letters of acceptance, include all of them and all course curriculum verification forms.

Continuation Students:

Please refer to the Student Handbook for instructions.



January 11, 2007

██████████
██████████
██████████

ASU ID: 993917544

Dear ██████

It is my pleasure to inform you that you have been admitted to Arizona State University, an academic community nationally recognized for innovative programs, distinguished faculty, and an outstanding campus environment. I commend you for selecting ASU as your pathway to success and welcome you to the university community.

Please review the enclosed information carefully as it contains your term of admission, entry level, college and major, conditions of admission, and a summary of any transfer credits granted. If you have questions about this information, you may call the Undergraduate Admissions Office at 480.965.7788.

Arizona State University is committed to providing you with all of the necessary resources to help you make the most of your college experience. Taking advantage of these resources and completing all of the necessary steps before enrollment will enhance your ability to succeed.

Congratulations again on your admission to Arizona State University! I look forward to seeing you on campus.

Sincerely,

Martha W. Byrd
Dean

Health Professions Letter of Acceptance is for example purposes only.



Eleanor Mann School of Nursing
College of Education and Health Professions

217 Ozark Hall
Fayetteville, Arkansas 72701
(479) 575-3904
(479) 575-3218 (FAX)

February 6, 2007

To Whom It May Concern:

██████████ is enrolled in the Eleanor Mann School of Nursing at the University of Arkansas. ██████████ began her first semester in the program as of January, 2007. She will continue in the program for the fall semester.

Thank you,

A handwritten signature in black ink, appearing to read "Tom Kippenbrock".


Tom Kippenbrock,
Professor and Director

Instructions for Checklist Line 4

Official Transcripts for all Colleges

You must submit *official* transcripts (not copies of transcripts) for all colleges and universities you have attended. *Official transcript* means the institutional seal and/or the signature of the registrar *must* be present. If you have not attended a college or university, submit official transcripts from your high school. If you did not graduate from high school, submit a copy of an official document that verifies high school equivalency. On the checklist form, enter your current cumulative grade point average (GPA) in the space provided on line 4.

Name: [REDACTED]
 Date-Printed: [REDACTED]
 Student-ID: [REDACTED]
 Page: 1 of 1




NORTHEASTERN
 STATE UNIVERSITY
 Tahlequah, Oklahoma 74464-2399
 FICE 00003161

Issued To: [REDACTED]
 [REDACTED]
 [REDACTED]

Dept	CR.#	Description	Gr	Hrs	Pts	Dept	CR.#	Description	Gr	Hrs	Pts	Dept	CR.#	Description	Gr	Hrs	Pts
-----TRANSFER CREDITS-----																	
-----COMMONS STATE COLLEGE-----																	
TRANS	ATT	**3.0	EARN	**3.0	GPA 4.000												
ENGL	1213	FRESHMAN COMP II	P	3	0												
-----NORTHEASTERN CLASSES-----																	
-----SPRING 2004-----																	
MIS	1003	COMP IN MOD SOC	A	3	12												
N ED	1113	PERSONAL HEALTH	A	3	12												
SCU-U	ATT	**6.0	EARN	**6.0	GPA 4.000												
ACCUM	ATT	**9.0	EARN	**9.0	GPA 4.000												
G/R	ATT	**9.0	EARN	**9.0	GPA 4.000												
-----SUMMER 2004-----																	
CHEM	1123	GEN CHEM I LEC	A	3	12												
CHEM	1131	GEN CHEM I LAB	A	1	4												
SEM-U	ATT	**4.0	EARN	**4.0	GPA 4.000												
ACCUM	ATT	**13.0	EARN	**13.0	GPA 4.000												
G/R	ATT	**13.0	EARN	**13.0	GPA 4.000												
-----FALL 2004-----																	
CHEM	1231	GEN CHEM II LAB	A	1	4												
ORIE	1091	COLL STRATEGIES-PLC	A	1	4												
GROG	2243	FUNDAMENTALS OF GEO	A	3	12												
CHEM	1223	GEN CHEM II LEC	A	3	12												
HUM	2113	GENERAL HUM I	A	3	12												
ENGL	1113	FRESH COMP I	PLC	3	12												
SOLE	1113	AMER FED GOVT	PLC	3	12												
SEM-U	ATT	**17.0	EARN	**17.0	GPA 4.000												
ACCUM	ATT	**30.0	EARN	**30.0	GPA 4.000												
G/R	ATT	**30.0	EARN	**30.0	GPA 4.000												
-----SPRING 2005-----																	
ZOOL	1132	GEN ZOO (LAB)	B	2	6												
HIST	1493	AM HIST SINCE 1876	P	3	12												
ZOOL	1123	GEN ZOO (LECT)	A	3	12												
HIST	1113	EARLY WEST CIV	A	3	12												
MATH	1613	PLANE TRIG	B	3	9												
SEM-U	ATT	**14.0	EARN	**14.0	GPA 3.642												
ACCUM	ATT	**44.0	EARN	**44.0	GPA 3.886												
G/R	ATT	**44.0	EARN	**44.0	GPA 3.886												
-----FALL 2005-----																	
BIOL	2224	MICROBIOL (LAB REQ)	B	4	12												
SOC	1113	INTRO TO SOCIOLOGY	A	3	12												
PSYC	1113	INTRO TO PSYCHOLOGY	A	3	12												
ZOOL	2154	HUMAN ANAT (LAB REQ)	A	4	16												
SEM-U	ATT	**14.0	EARN	**14.0	GPA 3.714												
ACCUM	ATT	**58.0	EARN	**58.0	GPA 3.844												
G/R	ATT	**58.0	EARN	**58.0	GPA 3.844												
-----SPRING 2006-----																	
FCO	1653	BASIC NUTRITION	A	3	12												
PSYC	2023	LEARN-SPAN DEVELOP	A	3	12												
ENGL	3413	WORLD LITERATURE	A	3	12												
ZOOL	3314	HUMAN PHYS (LAB REQ)	A	4	16												
SEM-U	ATT	**13.0	EARN	**13.0	GPA 4.000												
ACCUM	ATT	**71.0	EARN	**71.0	GPA 3.873												
G/R	ATT	**71.0	EARN	**71.0	GPA 3.873												

NSU
 AN OFFICIAL SIGNATURE IS WHITE ON A GREEN BACKGROUND

WILLIAM E. NOWLIN, DEAN OF
 ENROLLMENT MANAGEMENT / REGISTRAR



NSU

Checklist Line 5

Documentation for American Indian/ Alaska Native Eligibility

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432 with your application (see page 10 of this handbook for further details). You can also download the form from the Department of the Interior Web site. Go to <http://www.doi.gov/ost/employment/forms/form4432.pdf>. If you need assistance with the form, call your Area Scholarship Coordinator, or contact your local Tribal officials.

**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE**

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe shown:

Full Name	Enrollment No.	Date of Birth	Tribal Affiliation
-----------	----------------	---------------	--------------------

I certify that the above information was taken from the official membership records of the _____ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.

Certification by Tribal Official:

And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment maintained by the BIA at the request of the tribe.

Signature	Date	Signature of BIA Official	Date
Print Name & Title of Tribal Official	Name/Title	Agency	

CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934

I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Full Name	Date of Birth
Reservation of Residence on June 1, 1934	Full Name of Ancestor & Tribal Affiliation
Title and source of records upon which this is based:	BIA Official
	Date
	Title
	Agency

CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.

I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

Full Name	Date of Birth	Degree of Blood and Tribal Derivation
Title & Source of Records upon which this is based:		
	BIA Official	Date
<input type="checkbox"/> Official Records of Tribal Affiliation & Blood Degree <input type="checkbox"/> State or Academic Recognition of Indigenous Status	Title	Agency

CATEGORY D - ALASKA NATIVE

I certify that the person named below is a member of an Alaska Native Tribe; or, an individual whose name appears on the roll of Alaska Natives prior to July 31, 1981, and not subsequently disenrolled; or, an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606(g)(1)(B)(i).

Name	Date of Birth	Alaska Native Village/Corporation/Roll
Title and source of records upon which this is based:		
	BIA Official	Date
	Title	Agency

INSTRUCTIONS FOR COMPLETING FORM BIA-4432

1. It is the responsibility of the individual to establish evidence of entitlement to Indian preference. Applicants must submit as much background information as possible to verify eligibility for Indian preference. Falsification or misrepresentation of information is punishable under Federal Law, 18 U.S.C. 1001.

CATEGORY A

MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES. If you are a member of a Federally-recognized tribe, you must request that your tribe complete this category. One of the following procedures will apply and you will be advised by your tribe:

If your tribe has contracted or compacted the maintenance of tribal enrollment records under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. 450, a verification signed by an *authorized* Tribal Representative(s) is sufficient.

If your tribe does *not* maintain tribal enrollment records, the tribe must certify that you are a member and you must submit the form to the BIA official who maintains the official roll for the tribe.

CATEGORY B AND C

Checklist Line 6

Faculty/Employer Evaluations (Attachment II)

You are required to submit **two** completed faculty/employer evaluations, with original signatures (Attachment II, form IHS-856-4). **You must use this form. A letter of recommendation without this form is *not* acceptable.** This is an important part of the selection process, as these evaluations will be used to determine your rating.

Provide these forms to faculty and employer personnel who can evaluate your school/work performance. Collect the completed forms and submit them with your application. Make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest at the bottom of the form, certifying that the evaluator isn't related to you by blood or marriage.

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
FACULTY/EMPLOYER EVALUATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

The student identified above is applying to receive an Indian Health Service (IHS) Scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

- How do you rate the educational/work achievement of this applicant? *(Please provide written comments.)*

5 - <input type="checkbox"/>	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	0 - <input type="checkbox"/>
OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
- How do you rate the applicant's relationships with other people?
Consider such things as ability to work and get along with others. *(Please provide written comments.)*

5 - <input type="checkbox"/>	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	0 - <input type="checkbox"/>
OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
- Based on this applicant's personal, emotional, ethical attributes, how do you rate his/her over-all potential for the practice of primary health care, especially in a health manpower shortage area?
(Please provide written comments.)

5 - <input type="checkbox"/>	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	0 - <input type="checkbox"/>
OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

Please provide written comments:

Type of work: _____

Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

NAME (Print or type)	SIGNATURE	DATE
TITLE OF POSITION	PLACE OF EMPLOYMENT	

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

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
FACULTY/EMPLOYER EVALUATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

The student identified above is applying to receive an Indian Health Service (IHS) Scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational/work achievement of this applicant? *(Please provide written comments.)*

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

2. How do you rate the applicant's relationships with other people?

Consider such things as ability to work and get along with others. *(Please provide written comments.)*

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

3. Based on this applicant's personal, emotional, ethical attributes, how do you rate his/her over-all potential for the practice of primary health care, especially in a health manpower shortage area?

(Please provide written comments.)

5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Please provide written comments:

Type of work: _____

Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

NAME (Print or type)	SIGNATURE	DATE
TITLE OF POSITION	PLACE OF EMPLOYMENT	

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

Checklist Line 7

Reasons for Requesting Scholarship (Attachment III)

On this form (Attachment III, Form IHS-856-5), you'll explain why you're requesting IHS scholarship support, state your career goals, and describe how your career goals will help to meet the health needs of Indian people. At the top of the form, fill in your name, career category, Social Security number, email address and the IHS office you are applying through.

This form is an important part of the selection process and helps determine your ranking. Please take care to write the narrative with correct grammar, clarity and organization. Type or print legibly for readability — you will not be rated on material that cannot be read. If you need more space than the form, you can continue writing on the back of the last page of this application, or securely attach extra sheets of the same size as this paper. Write your name and Social Security number on each extra sheet.

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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).

Checklist Line 8

Delinquent Federal Debt Form (Attachment IV)

The purpose of this form (IHS-856-6) is to determine if you have any delinquent federal debt. This includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS doesn't consider deferred loans to be delinquent.

You must complete and sign this form, and include it with your application. Fill in your name, career category, Social Security number, email address and the IHS office through which you are applying. Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO", sign and date the form at the bottom and submit it with your application.

If you are delinquent on the repayment of any federal debt, check "YES". Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as student loan or HUD mortgage, for example), the name and phone number of a contact person handling your debt, and the account number.

Additionally, you must include a notarized power of attorney, authorizing IHS Grants Management Branch personnel to inquire on your debt. Your application will not be considered for an award if you do not include this authorization. If you have any questions regarding the power of attorney, contact the IHS Grants Management Branch.

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, ATTN: PRA (0917-0006).

Checklist Line 9

W-4 Form

IHS scholarship benefits paid to you are subject to federal income tax. You must complete the Internal Revenue Service (IRS) W-4 form in order to comply with tax withholding requirements in the event you are selected.

If you **do not** want tax withheld from your monthly stipend check, you should claim “exempt” on the W-4 form and do not fill in line 17b, Section A of Form IHS-856 (bubble sheet).

If you **do** want tax withholding, complete the W-4 form and fill out the information requested in Section A of Form IHS-856 (bubble sheet), lines 17a through d. Return the W-4 with your application.

If you have any questions regarding the W-4 form, contact your local Internal Revenue Service office or visit the IRS Web site at www.irs.gov. The form is available at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>.

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2008
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Checklist Line 10

Course Curriculum Verification (Attachment I)

This form (IHS-856-3) is to be completed and signed by the appropriate official at the college or university you are attending. The purpose is to verify that you have applied for admission to the school or have enrolled for the upcoming academic year.

Before giving the form to your school, fill in the information in the four boxes at the top: your name, Social Security number, your career category and your email address. In the fifth box, check the specific scholarship for which you are applying. Next, fill in the name of your school, and in the next sentence, circle your status (full-time or part-time, printed in boldface). If you are enrolling in a preparatory program, fill in the name of the program in the blank space.

The next section provides spaces for you to list the coursework you are planning to take for the academic year. For each semester or quarter, write in the course number, the credit hours and the course title. In the space to the right of each section, fill in the total number of credit hours for the semester or quarter.

Give the form to your college advisor or counselor, who must sign and date the form, and provide their correct title and a contact phone number. Obtain the completed form from your school official and submit it with your application.

In addition, attach to the form a copy of the course curriculum for your major from your school catalogue or majors department (see checklist line 12).

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
COURSE CURRICULUM VERIFICATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

- (Check one)
- HEALTH PROFESSIONS PREGRADUATE – Section 103(b)(2)
 - HEALTH PROFESSIONS PREPARATORY – Section 103(b)(1)
 - HEALTH PROFESSIONS – Section 104

THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL

This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) _____ for the academic year 2008-2009. He/She will be enrolled in either a **full-time or part-time (circle one)** undergraduate curriculum leading to a bachelor's degree in premedicine; or a preparatory curriculum which fulfills the requirement for admission into his/her chosen health program of _____; or the student is enrolled in a health professional program that is eligible for funding under this scholarship program. The individual will be enrolled/or is anticipated to be enrolled in the following courses **commencing Fall 2008**.

*****ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION.*****

SEMESTER I OR QUARTER I TOTAL S/Q I HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEMESTER II OR QUARTER II TOTAL S/Q II HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARTER III TOTAL Q III HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISOR OR COUNSELOR SIGNATURE	TITLE	DATE
--------------------------------	-------	------

PRINT NAME	PHONE NUMBER
------------	--------------

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 42 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).

Checklist Line 11

Acknowledgement Card

This form (IHS-815) is a postcard that IHS will mail back to you within four weeks of receipt of your application. Enter your name and address on the front of the card and submit it with your application. When you receive it back from IHS, please keep it for your records.

**INDIAN HEALTH SERVICE
SCHOLARSHIP PROGRAM
ADDRESS CHANGE NOTICE**

PRINT NAME: _____ FIRST _____ MIDDLE _____ LAST _____

OLD ADDRESS: _____

_____ Zip Code: _____
_____ Telephone: (Area Code) _____ (Number) _____

NEW ADDRESS: _____

City: _____

State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

EFFECTIVE DATE OF
CHANGE: _____

(Please fold on dotted line and tape closed on all three sides)

Check Appropriate Box

- I already have an IHS scholarship.
- I am in postgraduate training.
- I am in active duty.

SIGNATURE: _____

Enter YOUR complete mailing address on the IHS SCHOLARSHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.



The Address Change Notice (IHS-816) card should be retained for future use.



**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Indian Health Service
Rockville MD 20852

Official Business
Penalty for Private Use \$300

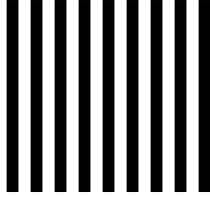
PLEASE PRINT NAME AND ADDRESS

**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

Checklist Line 12 Curriculum for Major

The curriculum for major is related to checklist line 10, *Course Curriculum Verification*. You will need a copy of the course curriculum for your major. This can usually be obtained from your school catalogue or your majors department office. Attach the Curriculum for Major to the Course Curriculum Verification form.

ELEANOR MANN SCHOOL OF NURSING UNIVERSITY OF ARKANSAS FAYETTEVILLE, ARKANSAS BACCALAUREATE NURSING PROGRAM CURRICULUM PLAN GENERIC			
FRESHMAN YEAR		SOPHOMORE YEAR	
Semester I		Semester I	
Course	Hours	Course	Hours
ENGL 1013 Composition I	3	*Social Science (except HESC 1403)	3
MATH 1203 College Algebra (or higher)	3	HESC 1403 Life Span Development	3
BIOL 1543 / BIOL1541L Principles of Biology	4	*U.S. History	3
CHEM 1074 /1071L Fundamentals of Chemistry	5	ENGL 2003 Advanced composition (or Exempt)	0-3
	15	BIOL 2213 & 2211L Human Physiology w/Lab	4
		Elective	1-4
			17
Semester II		Semester II	
ENGL 1023 Composition II	3	PHIL 2003, 2103, or 3103	
*Social Science (except HESC 1403)	3	Intro to Philosophy, Ethics, or Medical Ethics	3
NURS 2022 Intro to Professional Nursing Concepts	2	*Fine Arts or Humanities (select from category a), c), or d)	3
BIOL 2443 & 2441L Human Anatomy w/Lab	4	BIOL 2013/2011L Microbiology w/Lab	4
Elective	3	NURS 2032 Therapeutic Communication	2
	15	NURS 2012 Nursing Informatics	2
		EDFD 2403 Statistics in Nursing, PSYC2013 or STAT2103	3
			17
*Core areas must be completed as outlined in Catalog of Studies			
NOTE: This Eight Semester Plan does not comply with the ACT 1014 requirements.			
Nursing requires admission following pre-professional study so graduation cannot be guaranteed to new freshmen.			
GENERIC NURSING BSN CURRICULUM PROGRAM PLAN PROFESSIONAL PROGRAM OF STUDY			
JUNIOR YEAR		SENIOR YEAR	
Semester I		Semester I	
COURSE	HOURS	COURSE	HOURS
NURS 3212 Teaching and Health Promotion	2	NURS 4154 Nursing Concepts: Child and Family	4
NURS 3313 Pharmacology	3	NURS 4164 Professional Role Implementation IV: Teacher	4
NURS 3314 Pathophysiology	4	NURS 4242 Management in Nursing	2
NURS 3321L Health Assessment	1	NURS 4263 Nursing Concepts: Older Adult	3
NURS 3422 Nursing Concepts: Foundations	2	NURS 4273 Professional Role Implementation V: Manager	3
NURS 3424 Professional Role Implementation I: Caregiver	4		
	16		
Semester II		Semester II	
NURS 3634 Nursing Concept: Adult Health	4	NURS 4443 Nursing Concepts: Critical Care	3
NURS 3643 Professional Role Implementation II: Caregiver	3	NURS 4453 Professional Role Implementation VI: Role Synthesis	3
NURS 3742 Nursing Concept: Mental Health and Illness	2	NURS 4603 Nursing Concepts: Communities	3
NURS 3752 Professional Role Implementation III: Caregiver	2	NURS 4613 Professional Role Implementation VII: Role Synthesis	3
NURS 3841L Professional Nursing Skills – Advanced	1	NURS 4712 Seminar in Professional Nursing	2
NURS 3842 Research in Nursing	2		
	14		14
Note: This curriculum is subject to change without notice.			
Total for Bachelor of Science in Nursing 124 credit hours			

Checklist Line 13

Health Related Job Experience (Attachment V)

For MPH Candidates Only (This Form is Optional)

To be considered for a scholarship for a Master of Public Health (MPH), you must have a degree in a health-related discipline and be accepted into an MPH program. This form (IHS-856-7) is optional and is provided for you to document any health-related or volunteer job experience you might have. Fill in your name, career category, Social Security number, email address and the IHS office through which you're applying.

For each individual job, and beginning with your most recent work experience, provide the exact title of your position, the dates you were employed (month and year), the average number of hours you worked per week, and your job status (paid or volunteer). Next, describe your specific duties, responsibilities and accomplishments in this position. Submit this form with your application.

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
JOB EXPERIENCE (MPH Students Only) [Optional]**

NAME OF APPLICANT		CURRENT CAREER CATEGORY	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH	

HEALTH RELATED JOBS OR VOLUNTEER EXPERIENCE (BEGIN WITH MOST RECENT WORK EXPERIENCE)

A. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

B. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

C. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

D. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

E. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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).

Additional Forms

Verification of Acceptance or Decline of Award (Attachment VI)

Do not mail this form with your application! Retain it until you are notified if you have been selected for a scholarship award. This form (IHS-856-8) is to be used to accept or decline an IHS scholarship award. If you are notified that you have been selected, fill out the form, check the box for "ACCEPT" or "DECLINE", and return the form immediately to the address at the bottom of it.

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
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH	EMAIL ADDRESS

Please indicate your acceptance or decline of an Indian Health Service Scholarship award by checking the appropriate space below. Scholarship award will not be issued until this form is completed and returned.

- I accept the scholarship award for the 2008-2009 school year.
- I decline the scholarship award for the 2008-2009 school year.

If you accept the award, you must immediately provide us below with your permanent recipient mailing address to which correspondence will be sent during the entire first year of scholarship funding.

Please complete the following information.

POST OFFICE BOX NUMBER / STREET ADDRESS		
CITY	STATE	ZIP CODE

- Please note this is a change of address:

Complete this form and return immediately to:

Indian Health Service
801 Thompson Avenue, Suite 120
ATTN: Grants Scholarship Coordinator
Rockville, Maryland 20852

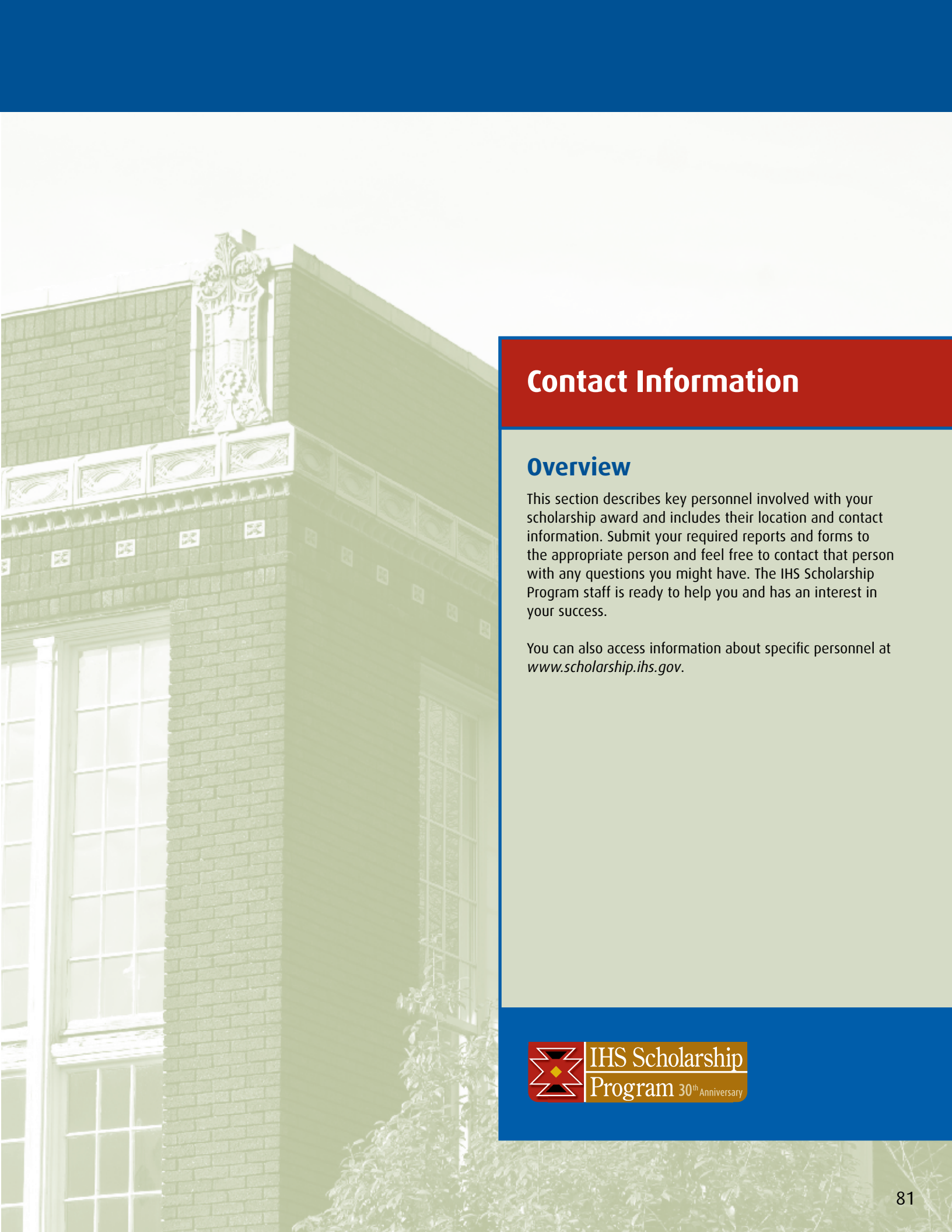
If you have any questions, please contact your Area Scholarship Coordinator.

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR
SELECTION AS A SCHOLARSHIP RECIPIENT.
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

Signature: _____ Date: _____

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, ATTN: PRA (0917-0006).



Contact Information

Overview

This section describes key personnel involved with your scholarship award and includes their location and contact information. Submit your required reports and forms to the appropriate person and feel free to contact that person with any questions you might have. The IHS Scholarship Program staff is ready to help you and has an interest in your success.

You can also access information about specific personnel at www.scholarship.ihs.gov.



Area Office Scholarship Coordinators, Indian Health Service Area Offices and Special Scholarship Offices

A complete listing of the Indian Health Services Area Offices, Scholarship Coordinators and Special Scholarship Offices is in this section. The role of the Area Scholarship Coordinator is to serve as your primary contact within IHS for technical and programmatic questions, to monitor your academic performance and to assist you with the placement process. This is the first person you should contact with questions concerning your scholarship.

Aberdeen Area IHS (Iowa, Nebraska, North Dakota, South Dakota)

Kim Annis
Office of Professional Services
115 4th Avenue, SE
Federal Building, Room 215
Aberdeen, SD 57401
Phone: (605) 226-7466
Fax: (605) 226-7321
kim.annis@ihs.gov

Alaska Area Native Health Services (Alaska)

Rea Bavilla (Asst. Krista Hepworth)
4000 Ambassador Drive, Suite 114
Anchorage, AK 99508
Phone: (907) 729-1348 or (800) 684-8361
Fax: (907) 729-1335
rbavilla@anthc.org

Albuquerque Area IHS (Colorado, New Mexico)

Cora Boone
5300 Homestead Road, NE
Albuquerque, NM 87110
Phone: (505) 248-4418 or (800) 382-3027
Fax: (505) 248-4420
cora.boone@ihs.gov

Bemidji Area IHS (Illinois, Indiana, Michigan, Minnesota, Wisconsin)

Tony Buckanaga
Federal Building, Room 209
522 Minnesota Avenue, NW
Bemidji, MN 56601
Phone: (218) 444-0486 or (800) 892-3079
Fax: (218) 444-0498
tony.buckanaga@ihs.gov

Billings Area IHS (Montana, Wyoming)

Delon Rock Above
2900 4th Avenue, North
Billings, MT 59107
Phone: (406) 247-7100
Fax: (406) 247-7251
delon.rockabove@ihs.gov

California Area IHS (California, Hawaii)

Mona Celli
650 Capitol Mall, 6th Floor
Sacramento, CA 95814
Phone: (916) 930-3981 Ext. 724
Fax: (916) 930-3952
mona.celli@ihs.gov

Nashville Area IHS (Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and District of Columbia)

Gina Blackfox
711 Stewarts Ferry Pike
Nashville, TN 37214
Phone: (615) 467-1575
Fax: (615) 467-1595
gina.blackfox@ihs.gov

Navajo Area IHS (Arizona, New Mexico, Utah)

Roselinda Allison (Asst. Aletha Jamie John)
IHS Complex, Hwy 264
PO Box 9020
Window Rock, AZ 86515
Phone: (928) 871-1358 or (928) 871-1360
Fax: (928) 871-1383
roselinda.allison@ihs.gov

SECTION G: Contact Information

Oklahoma City Area IHS (Kansas, Texas, Oklahoma)

Melissa Langley
3625 NW 56th Street
Oklahoma City, OK 73112
Phone: (405) 951-6040 or (800) 722-3357
Fax: (405) 951-3771
melissa.langley@ihs.gov

Phoenix Area IHS (Arizona, Nevada, Utah)

Kimberly Honahnie
40 N. Central Avenue, #510
Phoenix, AZ 85004
Phone: (602) 364-5253
Fax: (602) 364-5358
kimberly.honahnie@ihs.gov

Portland Area IHS (Idaho, Oregon, Washington)

Laurie Veitenheimer
1220 SW 3rd Avenue, Room 476
Portland, OR 97204
Phone: (503) 326-6983
Fax: (503) 326-2702
laurie.veitenheimer@ihs.gov

Tucson Area IHS (Texas, Arizona)

Kimberly Honahnie
40 N. Central Avenue, #510
Phoenix, AZ 85004
Phone: (602) 364-5253
Fax: (602) 364-5358
kimberly.honahnie@ihs.gov

IHS Discipline Representative

The role of the IHS Discipline Representative of your particular health discipline is to monitor your academic performance in order to assure your success in your health education. The Discipline Representative also assists Health Professions Scholarship recipients with extern and service obligation placements and with placement to complete their service obligation. Please refer to the following listing of Discipline Representatives. You can also access information about specific personnel at www.careers.ihs.gov.

Coding Specialist Medical Records

Ms. Patricia Gowan
Indian Health Service, PHX
40 N. Central Avenue, Suite 606
Phoenix, AZ 85004
Phone: (602) 364-5172
pat.gowan@ihs.gov

Injury Prevention

Ms. Nancy Bill
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-0105
nancy.bill@ihs.gov

Master of Public Health: Epidemiology

Dr. James A. Cheek
Division of Epidemiology
5300 Homestead Road NE, Room 3028
Albuquerque, NM 87110
Phone: (505) 248-4226
james.cheek@ihs.gov

Master of Public Health: Health Care Administration

Mr. Curtis Kitto
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 625
Rockville, MD 20852
Phone: (301) 443-2650
curtis.kitto@ihs.gov

Community/Public Health Education, BS degree

Ms. Mary Wachacha
IHS Health Education Program
PO Box 752
Cherokee, NC 28719
Phone: (828) 292-1175
mary.wachacha@ihs.gov

Optometry/Optician

CAPT Michael Candreva, OD
Chief Clinical Consultant
Standing Rock IHS Hospital
10 N. Riva Road
Ft. Yates, ND 58538
Phone: (701) 854-3831
michael.candreva@ihs.gov



**Physician Assistant/Pre-Medical/Physician,
Osteopath/Physician, Allopath**

Dr. Philip Smith
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 450A
Rockville, MD 20852
Phone: (301) 443-4700
philip.smith@ihs.gov

**Pre-Clinical Psychology/Clinical Psychology/
Chemical Dependency Counseling/Counseling Psychology**

Mr. Bryan Wooden
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-2038
bryan.wooden@ihs.gov

Pre-Dentistry/Dentistry/Dental Hygiene

RADM Chris Halliday
Chief, Dental Program
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-1106
christopher.halliday@ihs.gov

Pre-Dietetics/Dietetics/Public Health Nutrition

Ms. Jean Charles-Azure
Indian Health Service, HQE
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-0576
jean.charles-azure@ihs.gov

Pre-Engineering/Engineering

CDR Carol Rogers
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-1046
carol.rogers@ihs.gov

SECTION G: Contact Information

Pre-Medical Technology/Medical Technology

Ms. Gloria Folger
Pine Hill Health Clinic
PO Box 310 – BIA Rt. 125
Pine Hill, NM 87357
Phone: (505) 775-3271
gloria.folger@ihs.gov

Pre-Nursing/Associate Degree Nurse/Baccalaureate Degree Nurse/Pediatric Nursing/Geriatric Nursing/Psychiatric Nursing/Women's Health Nursing/Registered Nurse Anesthetist

Ms. Sandy Haldane
Director, DNS
Indian Health Service
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-1026
sandy.haldane@ihs.gov

Pre-Pharmacy/Pharmacy

RADM Robert E. Pittman
Dir. DHPS/Pharmacy Program
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-2361
robert.pittman@ihs.gov

Pre-Physical Therapy/Physical Therapy/Physical Therapy Assistant/Pre-Occupational Therapy/Occupational Therapy/Respiratory Therapy

CDR Toni Allen Donahoo
Carl Albert Indian Hospital
In-Patient Physical Therapy
1001 N. Country Club Road
Ada, OK 74820
Phone: (580) 436-3980
toni.donahoo@ihs.gov

Pre-Podiatry/Podiatry

Dr. Eugene Dannels
Phoenix Indian Medical Center
4212 N. 16th St.
Phoenix, AZ 85016
Phone: (602) 263-1509 ext. 1279
eugene.dannels@ihs.gov

Pre-Sanitation/Environmental Health: Sanitation

CDR Kelly Taylor
Indian Health Service, HQE
12300 Twinbrook Parkway, Suite 610
Rockville, MD 20852
Phone: (301) 443-1054
kelly.taylor@ihs.gov

Pre-Social Work/Social Work

Ms. Deanna Dick
Indian Health Service, HQE
801 Thompson Avenue, Suite 400
Rockville, MD 20852
Phone: (301) 443-7261
deanna.dick@ihs.gov

Radiology Technology/ Ultrasonography

Mr. Richard Gwilt
Dep.Dir., Med. Imaging Program
40 N. Central Avenue, Suite 600
Phoenix, AZ 85004
Phone: (602) 364-5166
dick.gwilt@ihs.gov

IHS Scholarship Branch Chief

The IHS Headquarters Scholarship Branch Chief is responsible for the coordination of the programmatic aspects for the five sections of P.L. 94-437, Title I, and for the activities of the Area Scholarship Coordinators. Additionally, the IHS Headquarters Scholarship Branch Chief serves as the authority on programmatic issues and decisions. The mailing address is:

CDR Dawn A. Kelly, O.D.
IHS Scholarship Branch Chief
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6622
Fax: (301) 443-6048
dawn.kelly@ihs.gov

IHS Scholarship Award Program Compliance Analyst

The IHS Scholarship Award Program Compliance Analysts are responsible for the coordination of the various scholarship program functions and processes and, as part of this

responsibility, work with scholarship recipients so that the recipients comply with their obligations and/or liabilities. The analysts monitor the deferment and completion of the recipients' service obligations. In addition to these duties, analysts work with the Division of Grants Operations on matters dealing with payments, applications/awards, and related processing. The analysts track and record data pertaining to the recipients and monitor their academic progress to ensure compliance while the students are in school. Analysts maintain ongoing communications with the Area Scholarship Coordinators, as well as with other IHS components, governmental agencies and Tribal organizations. The mailing address is:

801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048

Default Waiver Coordinators

The Default Waiver Coordinators monitor the default/waiver functions of the IHS Scholarship Award Program. The mailing address is:

CDR Susannah Olnes, M.D.
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-0049 or 2443
Fax: (301) 443-6048
susannah.olnes@ihs.gov

Scholarship Program Extern Coordinator

The IHS Scholarship Extern Coordinator is responsible for the funding of the IHS Scholarship Extern Program. The coordinator verifies and reconciles data on all externs by Area Office. The coordinator also establishes and maintains cooperative and ongoing communications with Area Scholarship Coordinators as well as other IHS components, government agencies and Tribal organizations to ensure that externs are in compliance with Scholarship Program requirements. The mailing address is:

Ms Vickye Santiago
801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048
vickye.santiago@ihs.gov

IHS Division of Grants Operations Officer

The IHS Division of Grants Operations is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility. The mailing address is:

Ms. Kimberly Pendleton
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 443-9602
kimberly.pendleton@ihs.gov

IHS Grants Scholarship Coordinator/Management Specialist

The IHS Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These include application distribution, obligation of funds, award notifications, and payment of invoices and monthly stipends. The mailing address is:

Mr. Craig Boswell or Mr. Bernard Covers Up
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 480-1091
craig.boswell@ihs.gov
bernard.coversup@ihs.gov

Health Professions Support Branch Chief

The Health Professions Support Branch Chief is responsible for coordinating the identification and approval of specialties for post-graduate residency training programs for physicians. The mailing address is:

801 Thompson Avenue, Suite 450
Rockville, MD 20852
Phone: (301) 443-4242
Fax: (301) 443-1071



Your Health Career Starts Here

INDIAN HEALTH SERVICE
801 Thompson Avenue – Suite 120
Rockville, Maryland 20852
Scholarship Branch Phone: (301) 443-6197
Division of Grants Operations Phone: (301) 443-0243

www.scholarship.ihs.gov

