INDIAN HEALTH SERVICE SCHOLARSHIP PROGRAM ADDRESS CHANGE NOTICE

SCHOLARSHIP PROGRAM	
ADDRESS CHANGE NOTICE PRINT NAME:	Enter YOUR complete mailing address on the IHS SCHOLAR- SHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.
OLD ADDRESS:	
	The Address Change Notice (IHS-816) card should be
	retained for future use.
City:	
State: Zip Code:	
Telephone: (Area Code) (Number)	
NEW ADDRESS:	
State: Zip Code:	
Telephone: (Area Code) (Number) EFFECTIVE DATE OF	
CHANGE:	
(Please fold on dotted line and tape closed on all three sides)	
	DEPARTMENT OF
Check Appropriate Box	HEALTH & HUMAN SERVICES
I already have an IHS scholarship.	Indian Health Service
I am in postgraduate training.	Rockville MD 20852
I am in active duty.	Official Business Penalty for Private Use \$300
	reliaity for Filvate Use \$500
	PLEASE PRINT NAME AND ADDRESS
SIGNATURE:	
IHS-816 (Front) 06-0793e	IHS SCHOLARSHIPS IHS-815 (2/08)
Rev. 2/08	

DEPARTMENT OF HEALTH & HUMAN SERVICES Indian Health Service Rockville MD 20852 Official Business	Your application for an
	Please notify this office of changes in address or telephone You may be contacted by the Scholarship Program should further information be needed.
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	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 Acknowledgement of Receipt of A Rev. 2/08

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