DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE			FORM APPROVED: OMB Approval No. 0917-0006 Exp. Date: 2/28/2011
PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM ACADEMIC YEAR 2009-2010 APPLICATION CHECKLIST			See Estimated Average Burden Time per Response on Reverse Side.
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 AP	PLYING THROUG	δH
HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR If "Yes", enter below:	GRANT? 🗆 Yes	🗆 No	
CAREER CATEGORY	SECTION		
TYPE OF NEW APPLICATION	Pregraduate	fessions	
ALL APPLICANTS:		NEW	
1. Application Checklist			
2. Application Form IHS-856			
3. Letter of Acceptance from College/Proof of Application to Health Professions Program			
4. Official Transcripts for All Colleges Cumulative GPA: Applicant's Calculation:			
5. Documentation for American Indian/Alaska Native Eligibil	ty		
6. Two Faculty/Employer Evaluations with original signatures			
7. Reason for Requesting Scholarship			
8. Delinquent Debt Form			
9. W-4 Form with original signature			
10. Course Curriculum Verification with original signature (If p		_	
minimum of six credit hours)			
11. Acknowledgment Card			
12. Curriculum for Major			
HEALTH PROFESSIONS APPLICANTS ONLY:			
13. Health Related Experience (MPH Only) - Optional Form .			
I verify the application is complete.			
APPLICANT'S SIGNATURE			DATE
IHS-856-2			EF
(Bev 2/08)			

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).