ATTACHMENT IV

	PL	OF HEALTH AND HUMAN SERVICES JBLIC HEALTH SERVICE DIAN HEALTH SERVICE	FORM APPROVED: OMB Approval No. 0917-0006 Exp. Date: 2/28/2011
PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM DELINQUENT FEDERAL DEBT (Required form)			
APPLICANT'S NAME		CAREER CATEGORY	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE C	DFFICE APPLYING THROUGH
check the appropriate boy provided. Examples of Federal Deb FHA loans, and other mis direct and guaranteed loa loans are not considered	t below. If the "Yes" box i t include delinquent taxe cellaneous administrativ ns are any loan(s) more delinquent by the Indian	eet with the application and required is checked, please provide an expla- es, audit disallowances, guaranteed re debts. The definition of delinquen than 31 days past due on a sched Health Service.	anation in the space or direct student loans, cy for the purposes of
include name of Feder name of contact perso provide a notarized po	al Agency <i>(Debt)</i> , type (n(s) handling debt, and a ower of attorney authori	explanation in the space provided b student loan, HUD Mortgage, etc.), account number if different from you zing IHS Grants Management Bran d, your application will not be co	telephone number and ur SSN. You must also nch personnel to inquire
that it may be investigated and	that any willfully false repress for repayment of all awards	urate and complete to the best of my kno sentation is sufficient cause for rejection o ed funds and, further, that any false state	f this application, or , if awarded
IHS-856-6 (Rev. 2/08)		DATE	EF

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).