

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  
REASONS FOR REQUESTING SCHOLARSHIP**

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

Explain why you are requesting this scholarship \*\*

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State your career goals \*\*

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Explain how these goals will help to meet the health needs of the Indian people \*\*

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*\*\* If more space is required, use back of last page of application or full sheets, the same size as this page. Write on each sheet your name and social security number. Securely attach all sheets to this application.*

**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).

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