

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-12 (Rev. 2/08)

REQUEST FOR TUTORIAL ASSISTANCE

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

*See Estimated Average Burden Time
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer

INDICATE ONE: Semester Quarter

CIRCLE ONE: Full-time Part-time

I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

SPECIFIC DESCRIPTION OF PROBLEMS: _____

DESCRIBE TUTOR ASSISTANCE NEEDED: _____

TUTORIAL REQUEST <i>(Must include all tutors and describe assistance needed)</i>					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST:					

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
DATE REVIEWED <i>(IHS use only)</i>	

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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, RE: PRA 0917-0006.