



IHS Scholarship
Program



2011 - 2013
Application Handbook
Your Health Career Starts Here





IHS Mission Statement

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

IHS Goal

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance.” Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Privacy Act Notice

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law [P.L.] 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

Authority

Sections 751–757 of the Public Health Service Act and Sections 102 and 104 of the Indian Health Care Improvement Act (IHCA; P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, 1996 and 2010 (P.L. 100-713, P.L. 102-573, P.L. 704-313 and P.L. 111-148).

Purposes and Uses

The purpose of the Indian Health Service (IHS) Scholarship Program is to obtain health and allied health professionals to meet the staffing needs of Indian health programs* in health manpower shortage areas.

The information you supply will be used to evaluate your qualifications and suitability for participation in the IHS Scholarship Program. Selections are made on a competitive basis. A recipient’s application and related data are made part of the file to be used within the Department of Health and Human Services (HHS) for recordkeeping and participant management while the recipient is in the program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending and the date of graduation may be made available to health and allied health professions associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources, and to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research. You are asked to provide your Social Security number on a voluntary basis. Should you not provide this information and you are awarded a scholarship, you will be required to provide it later for purposes of payroll and payments of scholarship benefits to you.

Effects of Non-Disclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security number, an application will be considered incomplete and chances for selection will be diminished.

Copyright Date

The information in the Indian Health Service Scholarship Program Application Handbook is valid and accurate for calendar years 2011 through 2013 only.

*The term “Indian health program” is defined in the IHCA (P.L. 94-437) as any health program or facility funded in whole or in part by IHS for the benefit of American Indians and Alaska Natives. These health programs or facilities must be administered directly by IHS, by any Indian Tribe or any Tribal or Indian organization contracted under The Indian Self-Determination Act or by an Urban Indian organization pursuant to Title V of the IHCA.

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This handbook provides information and guidelines to help you submit a complete and accurate application to the Indian Health Service (IHS) Scholarship Program. It is a highly competitive program — on average, about 1,200 eligible applications are received per year, from which approximately 100 scholarships are awarded, depending on available funding.

It is your responsibility to ensure that the information in your application packet is complete, accurate and valid. The IHS Scholarship Program recommends that you submit your application as early as possible to allow our staff to confirm that it is complete and eligible for review. A staff member will contact you (if time permits) to correct any errors, allowing you to resubmit your application prior to the March 28 deadline. Only the applications that are determined to be complete and eligible are placed into competition for a scholarship award.

There is no guarantee that you will receive an award, so you are encouraged to continue your efforts to obtain financial aid and assistance from other sources, as well.

Application Deadline

Your application, including all required supporting documentation, must be received by the IHS Scholarship Program branch office located in Rockville, MD and postmarked no later than March 28. If you submit your materials via a commercial carrier such as FedEx or UPS, a legible, dated receipt from the commercial carrier will be accepted as proof of timely mailing instead of a postmark. Private metered postmarks will not be accepted.

Meeting the deadline is your responsibility. Extensions will not be granted.

IHS Scholarship Program



The IHS Scholarship Comparison Chart on page 10 provides a list of the three IHS scholarships as well as health profession degree tracks, American Indians and Alaska Natives eligible to apply, service obligations and years of funding associated with each. Please visit the IHS Scholarship Program website at www.scholarship.ihs.gov to view the current list of priority health profession degree tracks for the upcoming academic year.

Preparatory Scholarship

The Preparatory scholarship provides tuition and required fees for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes) to enroll in undergraduate prerequisite or preparatory courses in preparation for entry to health profession schools, such as nursing, pharmacy and others as needed. Preparatory courses are those required to improve science, mathematics or other basic skills and knowledge. Undergraduate prerequisite courses are pre-professional studies required in order to qualify for admission to a health profession program.



Pre-Graduate Scholarship

The Pre-Graduate scholarship provides tuition and required fees for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes) to enroll in courses leading to a bachelor's degree in pre-medicine, pre-dentistry, pre-podiatry and others as needed by the Indian health programs. This program prepares a student for admission to an accredited medical, dental or other health profession school.

Health Professions Scholarship

The Health Professions scholarship provides financial aid covering tuition, required fees and other educational and living expenses for qualified American Indian and Alaska Native students (members of federally recognized Tribes only) applying to, accepted by or enrolled in a health profession program. Students incur a service obligation upon acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified.

IHS Scholarship Comparison Chart

Scholarships	Disciplines	American Indian/ Alaska Native Eligibility*	Service Obligation	Years of Funding
<p>◆ Health Professions Preparatory IHCIA Section 103(b)(1) Undergraduate Only</p>	<ul style="list-style-type: none"> • Pre-Clinical Psychology — Junior and senior undergraduate years • Pre-Nursing — Courses leading to a BS in nursing • Pre-Pharmacy — Courses leading to a PharmD in pharmacy • Pre-Social Work — Juniors and seniors preparing for an MS in social work <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Descendents and members of federally or state-recognized Tribes are eligible.	None	Up to two
<p>◆ Health Professions Pre-Graduate IHCIA Section 103(b)(2) Undergraduate Only</p>	<ul style="list-style-type: none"> • Pre-Dentistry • Pre-Medicine • Pre-Podiatry <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Descendents and members of federally or state-recognized Tribes are eligible.	None	Up to four
<p>◆ Health Professions IHCIA Section 104 Undergraduate and Graduate Level</p>	<ul style="list-style-type: none"> • Bio Medical Engineering — BS • Bio Medical Technology — AAS • Chemical Dependency Counseling — Bachelor's and master's degrees • Clinical Psychology — PhD or PsyD • Dentistry — DDS or DMD degrees • Diagnostic Radiology Technology — Certificate, associate's degree and BS • Health Records Administration — AA in Registered Health Information Technician (RHIT) and BS in Registered Health Information Administrator (RHIA) • Medical Technology — BS • Medicine — Allopathic and osteopathic doctorate degrees • Nursing — Degrees: Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN) Specialties: Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) — see specialties on page 43 of the Application Handbook • Pharmacy — PharmD • Physician Assistant — Certified Physician Assistant (PA-C) • Physical Therapy — MS and Doctor of Physical Therapy (DPT) degrees • Public Health Nutrition — MS • Sanitarian/Environmental Health — BS • Social Work — Master's degree with concentration in mental health • Ultrasonography — Certification with completion of prerequisite Diagnostic Radiology Technology <p><i>NOTE: Please visit www.scholarship.ihs.gov to see this year's priority categories.</i></p>	Members of federally recognized Tribes are eligible.	One year of service per year of support for scholarship received (minimum of two years)	Up to four

An Important Reminder:

IHS scholarship opportunities are highly competitive and there are no guarantees that you will receive an award. If you are applying for any of the IHS scholarships, continue your efforts to obtain financial aid from other sources, as well.

Purpose of the Scholarship Programs

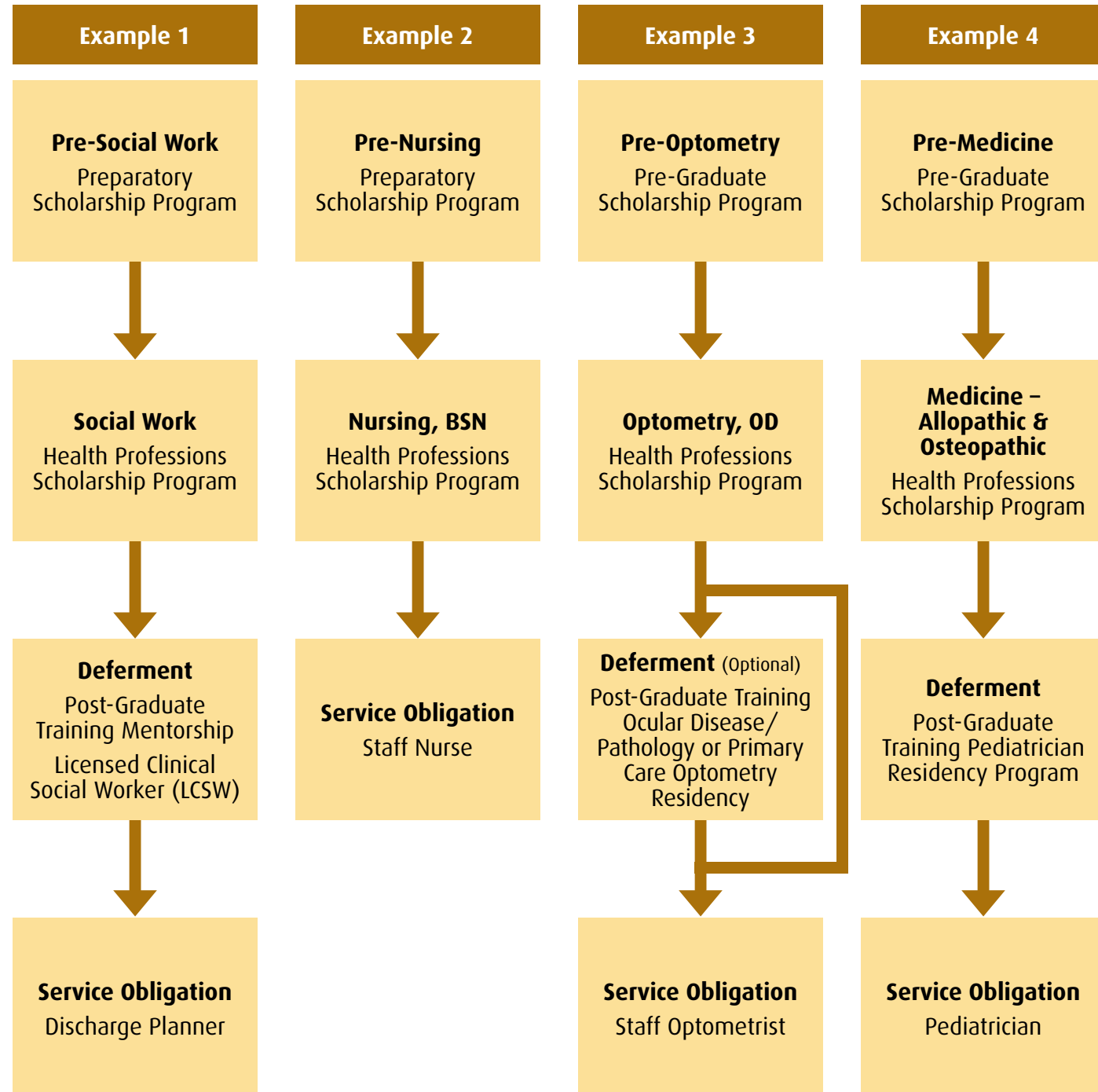
In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (IHCIA; [P.L. 94-437]), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

To help accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992, 1996 and 2010 authorize the Indian Health Service (IHS) to conduct three interrelated scholarship programs for American Indian and Alaska Native students, to train the health professionals necessary to staff IHS health programs and other health programs serving the Indian people.

* You must submit documentation of American Indian or Alaska Native eligibility when you apply.

IHS Scholarship Tracks

As a scholarship recipient with the Indian Health Service, you will have the opportunity to choose the scholarship track that best suits your goals. Below are four examples demonstrating how to advance through the three IHS scholarships to employment in your chosen health profession.



Eligibility to Apply

The following are eligibility requirements for all applicants. You must meet both the general and specific criteria listed for the individual scholarship you are applying for in order to be considered. In addition to these criteria, the documentation noted on the **Application Checklist (IHS-856-2)**, found on page 37, must accompany your application to be considered for an IHS scholarship award.

Needs of Indian Health Programs and How the Applicant's Career Goals Relate to Those Needs — Individuals who apply for a health profession degree track not listed as a priority during the scholarship cycle under review will not be considered for an IHS scholarship award.

Citizenship

You must be a citizen of the United States at the time you apply for an IHS scholarship award. Permanent resident aliens and other aliens are not eligible to apply.

Documentation of American Indian/ Alaska Native Membership or Descendent Status

You must submit a copy of an approved **Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)** with your application. Use Form BIA-4432* as follows:

- » **American Indian:** Category A — A member of a federally recognized Tribe, band or community
- » **American Indian:** Category B — A descendent of a federally recognized Tribe, band or community (you must also provide copies of birth certificates for yourself and the parent/ grandparent who is/are the enrolled member[s])
- » **Alaska Native:** Category D (Alaska Native) — You must also provide at least one of the following forms of documentation: (1) Tribal Enrollment Card*; (2) Certificate of Degree of Indian Blood (CDIB) with Tribal Enrollment Number (if applicable); (3) Other official documentation listing name, blood quantum, status (original enrollee, descendent, etc.); and (4) Tribal Enrollment Number, if applicable.

* Do not submit an original Form BIA-4432 or Tribal Enrollment Card — you will need to keep these for your personal records.

In the absence of Form BIA-4432, you must provide documentation that you meet requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe and have been officially designated as a Tribal member as evidenced by an accompanying document signed by an authorized Tribal official or other evidence of Tribal membership satisfactory to the Secretary of the Interior.

If you are a member of a Tribe terminated since 1940 or a state-recognized Tribe, provide official documentation that you meet the requirements of Tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the Tribe and have been officially designated as a Tribal member as evidenced by an accompanying document signed by an authorized Tribal official or other evidence, satisfactory to the Secretary of Interior, that you are a member of the Tribe. In addition, if the terminated or state-recognized Tribe of which you are a member is not on a list of such Tribes published by the Secretary of Interior in the Federal Register, you must submit an official signed document that the Tribe has been terminated since 1940 or is recognized by the state in which the Tribe is located in accordance with the law of that state.

If you are not a Tribal member but are a natural child or grandchild of a Tribal member, you must submit: (1) evidence of that fact (your birth certificate and/or your parent's birth certificate showing the name of the Tribal member) and (2) evidence of your parents' or grandparents' Tribal membership in accordance with the paragraphs above. The relationship to the Tribal member must be clearly documented.

NOTE: If you meet the criteria of a state-recognized Tribal member, terminated Tribe member or are a descendent, you are only eligible for the Preparatory or Pre-Graduate scholarships.

Submitting Your Application

In order to be considered for an IHS scholarship award, you must submit a complete and accurate application — including all required supporting documentation — by the March 28 deadline date.

Selection Criteria

IHS scholarship awards are made on a competitive basis to eligible students who meet specific selection criteria. During the selection process, students are ranked among their peers in the same health profession degree track according to their average review scores and projected graduation dates. For instance, if you are a junior, you will be ranked among all eligible applicants, freshmen through seniors, within your same health profession program. Those students closest to graduation will rank higher than those just beginning their education.

Selections will be based on the IHS health profession priority list data compiled from surveys of more than 500 American Indian and Alaska Native health care system administrators, clinical directors and community-based health board members.

Applications from students in each of the priority health profession degree tracks are reviewed and rated using the following three categories. The rating system is based on a possible 100 points, divided among the three ranking criteria listed below.

- » Academic performance based on transcripts and faculty evaluations: A minimum 2.0 cumulative GPA is required. Note: Where it is school policy not to rank students academically, a personal judgment of the applicant's achievement is requested from faculty members (40 points).
- » Faculty, employer or Tribal recommendations regarding the applicant's potential in the chosen health profession degree track (30 points)
- » The applicant's narrative statements explaining his career goals and reasons for asking for the scholarship; the narrative weighs heavily toward the applicant's ranking and is judged by the review committee on how well it's written (30 points)

Ranking Procedures

Eligible applicants within each health profession degree track are reviewed and rated as described above. After the review process is completed, applicants are ranked according to their review score and documented completion/graduation date. All applicants scoring 70 points or higher will be considered for scholarship funding. When scores are equal, the applicant with the earlier graduation date will be ranked higher.

Selection Priorities

Priority consideration will be given to:

- » Students currently enrolled in a health profession degree track who are performing satisfactorily (2.0 GPA average) and require continued scholarship support
- » New applicants who are highly ranked according to the selection criteria
- » New applicants entering their fourth and third year of school, in that order (applicants entering their first or second year will be considered only if an insufficient number of fourth- and third-year students qualify)

The level of financial aid for IHS scholarships is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States and, therefore, is subject to change each year. Please visit the IHS Scholarship Program website at www.scholarship.ihs.gov to view this year's list of priority health profession degree tracks.

Health Profession Degree Tracks

To be considered for Preparatory scholarship financial aid, you must be enrolled in, have applied to or been accepted by a college or university, majoring in a priority health profession degree track beginning in the fall term of this year. Preparatory scholarships are awarded based on the staffing needs of Indian health programs. Please visit the IHS Scholarship Program website at www.scholarship.ihs.gov to view the current list of priority health profession degree tracks.

Eligibility to Apply

Opportunities are available for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes). You must meet the following criteria to be eligible:

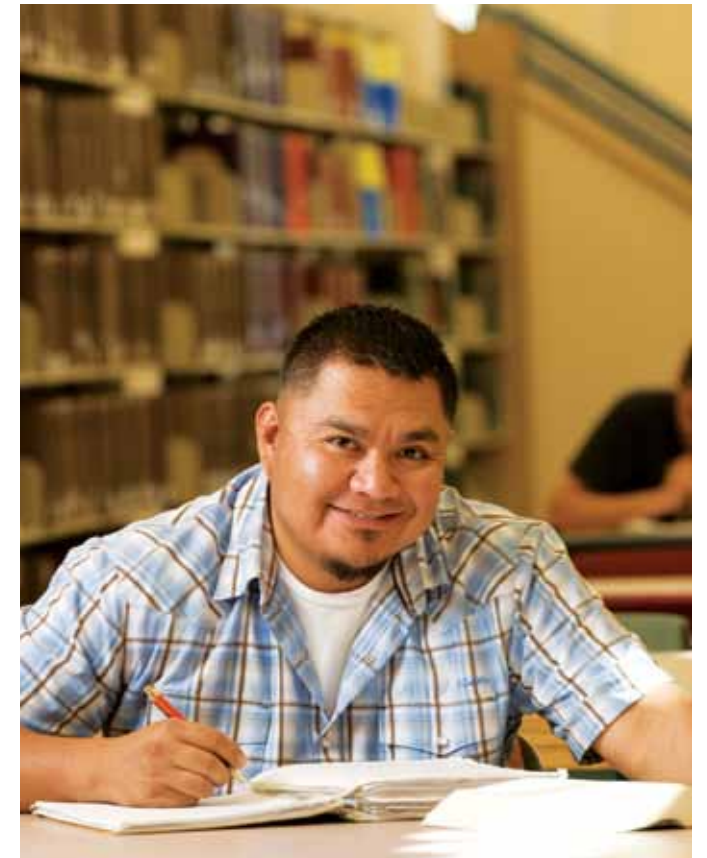
- » Be a citizen of the United States when you apply for an IHS scholarship — permanent resident aliens and other noncitizens are not eligible to apply
- » Provide a copy of the Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)
- » Be a high school graduate or the equivalent
- » Be capable of completing a health profession course of study
- » Are enrolled in, have been accepted into or have applied to a preparatory/undergraduate prerequisite general education course or curriculum
- » Have a minimum 2.0 GPA
- » Intend to serve Indian people as a health professional in your chosen specialty

Financial Aid

Preparatory scholarship financial aid is paid for up to two academic years full time or four academic years part time. This support covers tuition and required fees for undergraduate and pre-professional education that enables the student to qualify for enrollment or re-enrollment in a health profession program (for example, freshman and sophomore years of study leading to a bachelor's degree in a priority health profession or junior and senior years of study required for entry into graduate professional school).

The number of IHS scholarships awarded is dependent on funds appropriated each fiscal year by the US Congress.

Please see the section **Tuition and Required Fees** on page 20 for more details.



Maintaining Eligibility

To maintain your eligibility for continued Preparatory scholarship support, you must apply annually and meet the following criteria. Students meeting these criteria will be given priority consideration:

- » Be in good academic standing, with a minimum GPA of 2.0
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Maintain enrollment status during the current academic year

Health Profession Degree Tracks

To be considered for Pre-Graduate scholarship financial aid, you must be enrolled in, have applied to or been accepted by a college or university, majoring in a priority health profession program that leads to entry into an accredited health profession school beginning in the fall term of this year. Pre-Graduate scholarships are awarded based on the staffing needs of Indian health programs. Please visit the IHS Scholarship Program website at www.scholarship.ihs.gov to view the current list of priority health profession degree tracks.

Eligibility to Apply

Opportunities are available for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes). You must meet the following criteria to be eligible:

- » Be a citizen of the United States when you apply for an IHS scholarship — permanent resident aliens and other noncitizens are not eligible to apply
- » Provide a copy of the Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)
- » Be a high school graduate or the equivalent
- » Be capable of completing a health professions course of study
- » Are enrolled in, have been accepted into or applied to a health profession program leading to a bachelor's degree in pre-medicine, pre-dentistry, pre-podiatry, pre-optometry or others as needed by the Indian health programs
- » Have a minimum 2.0 GPA
- » Intend to serve Indian people as a health professional in your chosen specialty

Financial Aid

Pre-Graduate scholarship financial aid is paid for up to four academic years full time or eight academic years part time. This support covers tuition and required fees for courses leading to enrollment in an accredited medical, dental, optometry, podiatry school or others as needed by the Indian health programs.

The number of IHS scholarships awarded is dependent on funds appropriated each fiscal year by the US Congress.

Please see the section **Tuition and Required Fees** on page 20 for more details.

Maintaining Eligibility

To maintain your eligibility for continued Pre-Graduate scholarship support, you must apply annually and meet the following criteria. Students meeting these criteria will be given priority consideration:

- » Be in good academic standing, with a minimum GPA of 2.0
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Maintain enrollment status during the current academic year

Health Profession Degree Tracks

To be considered for Health Professions scholarship financial aid, you must be enrolled in, have applied to or been accepted by a priority health profession program at an accredited health profession school beginning in the fall term of this year. Health Professions scholarships are awarded based on the staffing needs of Indian health programs. Priority is given to graduate students as well as junior- and senior-level students. Please visit the IHS Scholarship Program website at www.scholarship.ihs.gov to view the current list of priority health profession degree tracks.

Eligibility to Apply

Opportunities are available for qualified American Indian and Alaska Native students (members of federally recognized Tribes only). You must meet the following criteria to be eligible:

- » Be a citizen of the United States when you apply for an IHS scholarship — permanent resident aliens and other noncitizens are not eligible to apply
- » Provide a copy of the Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)
- » Be capable of completing a health profession course of study
- » Are enrolled in, have applied to or been accepted into a full- or part-time priority health profession program leading to a degree from an accredited health profession school within the US
- » Have a minimum 2.0 GPA
- » Be able to sign a contract to practice at an Indian health facility (see **IHS Scholarship Program Contract** and **Service Obligation** sections that follow)
- » Submit documentation showing that your school and course curriculum allow part-time status if you are a part-time student
- » Receive a degree in no more than four calendar years (full time) or up to eight calendar years (part time)
- » Intend to serve Indian people as a health professional in your chosen specialty

Financial Aid

Health Professions scholarship financial aid is paid for the 12-month period from August 1 through July 31 of the next academic year, for up to four academic years full time or eight academic years part time. This support covers tuition and required fees for health profession courses as well as additional educational and living expenses.

The number of IHS scholarships awarded is dependent on funds appropriated each fiscal year by the US Congress. Federal income taxes are withheld from stipend payments. Contact your state and local tax offices to determine if the benefits are taxed at either the state or local level.

Please see the **Scholarship Financial Aid** section beginning on page 20 for more details.

Maintaining Eligibility

To maintain your eligibility for continued Health Professions scholarship support, you must apply annually and meet the following criteria. Students meeting these criteria will be given priority consideration:

- » Be in good academic standing with a minimum GPA of 2.0 in their chosen health profession curriculum
- » Are enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Have submitted a letter from the institution's program director verifying the student's full-time or part-time status

IHS Scholarship Program Contract (For Health Professions Scholarship Applicants Only)

If you receive a Health Professions scholarship award, you must sign the **Indian Health Service Scholarship Program Contract (IHS-818)**. By signing, you agree to accept financial aid from the IHS Scholarship Program in exchange for a service obligation with IHS after graduation by working at a full-time clinical practice in your chosen health profession. You provide one year of service for each year of scholarship support received (or the part-time equivalent), with a two-year minimum service commitment. Please read the contract carefully before signing and submitting.

Your obligations are defined in the contract's **Section B — Obligations of the Applicant**.

You may be liable for breach of contract if you fail to maintain an acceptable level of academic standing in course studies or fail to begin or complete obligated service under the contract.

See **IHS Scholarship Program Contract: Section C — Breach of Scholarship Contract**.

Service Obligation

Health Professions scholarship recipients incur a service obligation of one year for each year of financial aid received (or the part-time equivalent) with a minimum service commitment of two years. Your service obligation must begin within 90 days of graduation and be served at a full-time clinical practice in the health profession in which you were funded. However, you can be approved for deferment of your service obligation to pursue required post-graduate clinical training. For more information and a list of specific programs eligible for deferment, go to the section on **Post-Graduation Clinical Training** on page 19 of this handbook.

After graduation, your service obligation can be fulfilled in one of the following areas, as designated by the Director of IHS:

- » An Indian Health Service (IHS) program
- » A Tribal health program (contracted under the Indian Self-Determination Act [P.L. 93-638])
- » An Urban Indian health program (assisted under Title V — Health Services for Urban Indians, of the IHCA [P.L. 94-437])

- » **For physicians, dentists and clinical psychologists only:** Private practice in a designated health professional shortage area addressing the health care needs of no less than 75 percent of American Indians or Alaska Natives in that area. This option is only available when there are no identified vacancies in the health profession in which you received funding. Final approval of this option is at the discretion of the Director, IHS.

You may also fulfill your service obligation in any one of these four ways if there is a qualifying program located on the reservation of the Tribe in which you are enrolled and that program has a position available for you to fill.

You must adhere to IHS Scholarship Program policies and procedures and engage in full-time clinical practice in the health profession degree track for which you were awarded your Health Professions scholarship, regardless of the policies of your service site. The IHS Scholarship Program defines full-time practice as working a minimum of 80 hours every two-week period (for an average of at least 40 hours per week). The 80 hours cannot be worked in less than seven days and no more than 12 hours of work can be performed in any 24-hour period. Time spent in “on-call” status will not count toward the 80 hours. Any hours worked over the required 80 hours per two-week period will not be applied to any other workweek.

Assignment opportunities are reviewed with students and approved early in their final year of school. The Director, IHS, reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Employment Options

Before their service obligation begins, Health Professions scholarship recipients will be given information on the two personnel systems used by IHS: the US Public Health Service (USPHS) Commissioned Corps and the federal civil service. Recipients may contact Tribal programs directly for employment information regarding the Indian Self-Determination and Education Assistance Act (P.L. 93-638) programs or Title V Urban programs.

Although the ultimate responsibility for seeking a position is yours, the IHS Scholarship Program staff and IHS Discipline Chiefs are available to assist with and facilitate placement. However, if there is a difficulty in placement, you will be immediately assigned to an IHS geographic area where there is an existing need. Please visit the IHS Public Health Professions website at www.ihs.gov/careers for more information.

Post-Graduate Clinical Training

Deferment

Health Professions scholarship recipients enrolled in certain health profession degree tracks may request deferment of their service obligation to obtain post-graduate clinical training. Approval for deferment is granted on a case-by-case basis.

As an IHS scholarship-obligated graduate, it is your responsibility to familiarize yourself and comply with the information and instruction you will receive. Failure to comply with IHS deferment policy may result in the denial of your deferment request.

Deferment of your service obligation is intended to permit scholarship recipients to complete approved post-graduate clinical training programs (for example, those programs which fulfill the requirements for board certification and have been approved by the appropriate certifying boards as determined by the Secretary of the US Department of Health and Human Services [HHS]). Below is a list of career categories and the training/clinical experience that a graduate may elect or is required to perform before beginning his service obligation.

- » **Physician** — You must complete at least one year in an approved post-graduate clinical training program to be eligible to fulfill your service obligation as an allopathic or osteopathic physician. Completion of post-graduate clinical training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled. Those who elect to serve after only one year of post-graduate clinical training will compete with board-eligible practitioners for a limited number of vacancies and may experience difficulty in identifying assignments in which to serve. Therefore, in order to become fully qualified practitioners, graduates are encouraged to complete training in an approved specialty.

The IHS Scholarship Program is designed to develop primary care physicians rather than sub-specialists based on the staffing needs of the Indian health programs (for example, pediatricians versus pediatric nephrologists).

To see a list of approved residencies, download the IHS Scholarship Program Student Handbook at www.scholarship.ihs.gov or contact the IHS Scholarship Program Branch Office at (301) 443-6197.

- » **Social Workers and Clinical Psychologists** — You must complete two years of clinical experience under a licensed practitioner to be eligible to sit for licensure boards and fulfill your scholarship service obligation as a licensed clinical social worker or licensed clinical psychologist. The number of supervised clinical hours required to meet eligibility requirements for licensure examination commonly range between 2,000–3,000 hours. However, this requirement can vary based upon geographic location.

- » **Dietitian** — You must complete a 900-hour ADA-approved internship under the supervision of a registered dietitian (RD) to be eligible to take the American Dietetic Association (ADA) registration exam and begin fulfilling your service obligation as an RD. If this internship is not incorporated in your degree program, you must request a one-year deferment of your service obligation to complete your training to become a licensed RD. The internship must be completed within one year of graduation.

- » **Pharmacist** — You may elect to complete one additional year of training in an American Society of Health-System Pharmacists (ASHP) or American Pharmacists Association (APhA) accredited Post-Graduate Year One (PGY 1) Pharmacy Residency Program (Hospital, Community or Managed Care only) prior to fulfilling your service obligation as a registered pharmacist.

- » **Optometrist** — You may elect to complete a one-year IHS-approved residency in either Ocular Disease/Pathology or Primary Care Optometry prior to fulfilling your service obligation as an optometrist.

For more detailed information about deferment policies and procedures, reference page 37 of the IHS Scholarship Program Student Handbook. The handbook is available on the IHS Scholarship Program website at www.scholarship.ihs.gov.

NOTE: All requests for deferment to pursue full-time post-graduate clinical training must be submitted to the IHS Scholarship Program for approval prior to entering training. Deferment requests lasting more than one year must be resubmitted annually for approval. Requests for part-time residency programs will not be approved.

No period of internship, residency or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under Section 104 (b) (3)(A) of the Indian Health Care Improvement Act (P.L. 94-437), as amended.

Tuition and Required Fees

IHS makes direct payment to your school covering tuition and required fees for the academic year. Summer school is excluded unless specifically requested and approved in advance. IHS will officially notify your school of your participation in the IHS Scholarship Program. Until the school receives billing instructions, the notification of award authorizes the school to bill IHS directly for tuition and required fees during the first week of October.

IHS pays for tuition and required fees directly applicable to your approved curriculum for major. As part of the application process, you must submit a copy of your course curriculum for major with the required **Course Curriculum Verification (IHS-856-6)** form signed by your advisor or counselor detailing the anticipated courses required to be completed during the next academic year. This form is used to assist in deciding which applicants receive scholarships for the following year.

The courses listed on your official transcripts and your school's tuition and fees invoice should be the same courses on the Course Curriculum Verification form (IHS-856-6) you submitted. Your scholarship can be rescinded if there are substantial differences between this form, your invoice and your transcripts. If unavoidable curriculum changes occur, such as the school canceling classes or making changes to the curriculum, you are required to inform the IHS Scholarship Program in writing immediately.

NOTE: IHS will not pay for a dual degree (for example, a Master of Public Health in addition to the degree in your health profession, or a second major in a degree program unrelated to the core health curriculum, such as business administration).

Please refer to page 22, **Potential Conflicts with Your IHS Scholarship**, for further information on financial aid and how it will affect your acceptance of other scholarships, grants and fee waivers.

Summer School

All scholarship recipients are eligible to receive financial assistance for summer school per the following program policies:

- » The IHS Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for tuition and fees as billed by your school.
- » Prior approval is required through the submission of a **Summer School Request** form (IHS-856-21) by April 22.
- » Your **Summer School Request** form (IHS-856-21) must be completed and signed by your school advisor and must include an attached curriculum for your major.
- » Documentation of summer school tuition and fees must be submitted with your **Summer School Request** form.
- » Summer school courses must be required by your health profession degree track.
- » Summer school can be used to make up failed required courses.
- » Summer school will not be approved for optional courses not related to your degree track.

Educational Expenses

Items Included in Health Professions Scholarship Financial Aid

IHS will pay for the following items:

- » Tuition and required fees — Paid directly to your school for the approved curriculum, including lab and health unit fees
- » School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses. These items are paid for in advance as part of your August stipend.
- » Tutorial services — A maximum of \$400 (full time) or \$200 (part time) for the academic year is paid directly to the student who must specifically request reimbursement of tutorial services via submission of a **Request for Tutorial Assistance** form (IHS-856-20). Payment is subject to approval of the IHS Scholarship Branch Chief.
- » \$300 to offset travel expenses to and from school for the year, paid in advance to the student in the August stipend
- » \$35 to offset the expense for a post office box rental, paid in advance to the student in the August stipend

Items Excluded in Health Professions Scholarship Financial Aid

IHS will not pay for the following items:

- » School bookstore invoices
- » Dental/medical equipment rented from sources other than the school
- » Desktop or laptop computers (purchased, leased or rented)
- » Health insurance — The educational institution will accept documentation from your Tribe or Indian Health Service facility that you are eligible for health care and/or contract health care from/through our Indian health programs. If you find that the availability of health care services is inconvenient, you will be responsible for a separate health insurance policy (group or individual) while in school.
- » Additional travel expenses incurred over the \$300 allowed
- » Membership dues for student societies, associations and similar expenses
- » School terms prior to the scholarship award period

Living Expenses

Health Professions scholarship recipients will receive a stipend covering living expenses for the 12-month period beginning August 1 through July 31. The first stipend payments will be electronically transmitted via direct deposit to their bank accounts from the US Treasury Department at the end of the month of August.

The estimated stipend, including room and board, will be no less than \$1,500 per month and will be deposited into the recipient's bank account via direct deposit at the end of each month. Stipends are prorated for part-time students. The recipient will receive a letter from the Division of Grants Operations specifying the total dollar amount of the stipend.

An Important Note About the August Stipend Payment

Health Professions scholarship recipients will receive an annual lump sum in your August stipend payment to cover the costs of books, travel and other necessary education expenses. The IHS Scholarship Program office will not approve requests for additional funds to cover other expenses. You must allocate your August stipend payments to cover all essential expenses related directly to your education. Please refer to your Grants letter to obtain your **regular** monthly stipend **amount** covering typical living expenses.

No additional payments for such expenses will be made beyond the lump sum amount. Certain expenses, such as daily commuting and parking costs, are not covered by these payments. Credit card debts and living expenses incurred that are unrelated to education services will not be covered.

Taxes

IHS scholarship stipends are subject to federal income tax and possibly state and local taxes. IHS only withholds federal income and Federal Insurance Contributions Act (FICA) taxes from your stipend checks. Please contact your state about any state tax liability on your award. Instructions concerning **Federal Income Tax Withholding (Form W-4)** can be found on page 65 of this handbook or on the IRS website at www.irs.gov.

Continuation Support After the Current Funding Period

IHS scholarships are awarded on an annual basis. Recipients who maintain their eligibility must reapply during the annual application cycle if they wish to continue to receive financial support from the IHS Scholarship Program.

Preparatory and Pre-Graduate scholarship recipients who have completed their coursework in their respective degree track and would like to continue to receive funding from the IHS Scholarship Program as a Health Professions scholarship recipient must apply as a new applicant and compete against other applicants seeking scholarship support in that degree program (for example, pre-medicine to medicine).

The number of IHS scholarship continuation awards is dependent on funds appropriated each fiscal year by the US Congress.

Potential Conflicts with Your IHS Scholarship

Multiple Scholarships, Grants and Fee Waivers

Preparatory and Pre-Graduate scholarship recipients are encouraged to find other sources of financial aid to assist with the additional educational and living expenses not covered by IHS scholarship funds.

Health Professions scholarship recipients are required to report their IHS Scholarship Program award to both schools' business offices and financial aid offices in order to avoid unlawful duplication of federal funding. Any scholarship, grants and fee waivers accepted from sources other than the IHS Scholarship Program must be detailed on their school's invoicing document. The IHS Scholarship Program will deduct this amount from their school invoice before approving final payment. Student loans are not included in this policy since those monies will be repaid following their graduation.

The IHS Scholarship Program recommends that all Health Professions scholarship recipients decline all other sources of outside funding, so that they can take advantage of their full IHS scholarship award.

Other Public Health Service Benefits

If you are currently receiving scholarship funds or have a service obligation under the National Health Service Corps Scholarship Program (Section 751 of the Public Health Service Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN; Section 758 of the Public Health Service Act), you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which these scholarships were awarded.

Recipients of the Quentin N. Burdick American Indians into Nursing Program or the American Indians into Psychology Program may apply for an IHS scholarship; however, you cannot participate in both programs at one time. Upon completion of your degree, your IHS Scholarship Program service obligation will take precedence over all other service obligations. These obligations cannot be served concurrently.

Veterans Benefits

You may continue to receive education benefits from the US Department of Veteran Affairs (GI Bill) along with IHS scholarship funds since VA benefits were earned by prior active duty in a uniformed service.



Benefits from State, Local and Other Federal Sources

If you owe an obligation for professional practice to a state or other entity under an agreement made before applying for IHS scholarship funding, you are not eligible for an award unless the state or entity submits a written statement to the Secretary of Health and Human Services which states:

- » There is no potential conflict in fulfilling your service obligation to the state or entity and the IHS Scholarship Program
- » The IHS Scholarship Program service obligation will be served before or concurrently (if applicable) with the service obligation for professional practice owed to the state or entity

IHS Scholarship Program Application



Two Options to Apply for an IHS Scholarship

For your convenience, there are two options to apply for an IHS scholarship. One option is to use the online application found on the IHS Scholarship Program website at www.scholarship.ihs.gov. The other is to use the **Print Application Option** which is available by request from your Area Scholarship Coordinator or the IHS Scholarship Program. Instructions for this option are available in this handbook beginning on page 35.

The online application is the preferred way to apply to the IHS Scholarship Program. It is designed to save your work, so you may stop and start at your convenience. Using the online application will help you prevent errors frequently seen on portions of the printed application.

NOTE: If you choose to apply online, you will still need to submit two sets of your supporting documentation (the original with any required signatures and one copy) to the IHS Scholarship Program branch office, as described in this handbook. An additional copy should be made to keep for your records. The Application Checklist will be generated when you complete the online application to assist you in compiling your supporting documentation and ensure that you are submitting a complete and eligible application. You must provide a signed copy of the checklist as part of your supporting documentation.

If you need additional forms, you can download them from the IHS Scholarship Program website at www.scholarship.ihs.gov. If you have any questions, contact your Area Scholarship Coordinator or the IHS Scholarship Program branch office.

Application Deadline

Your application, including all required supporting documentation, must be received by the IHS Scholarship Program branch office postmarked no later than March 28. If you submit your materials via a commercial carrier such as FedEx or UPS, a legible, dated receipt from the commercial carrier will be accepted as proof of timely mailing instead of a postmark. Private metered postmarks will not be accepted.

Meeting the deadline is your responsibility. Extensions will not be granted.

Applications and supporting documentation must be mailed to the following address:

IHS Scholarship Program Branch Office
801 Thompson Ave., TMP-450
Rockville, MD 20852

Online Application Option

Overview

Applying online for an IHS scholarship is easier and faster than the **Print Application Option**. While you will need to fill out the remaining forms from this Handbook, using the online application will help prevent errors frequently seen on portions of the paper application. The online process consists of 12 steps and incorporates four of the hard copy forms from the paper application. This will lessen the amount of paperwork to complete your application.

The four forms incorporated in the online application are:

1. Application Bubble Sheet (IHS-856)
2. Delinquent Federal Debt (IHS-856-5) (Online applicants must also submit a hard copy.)
3. Narrative Statements (IHS-856-4)
4. Faculty/Employer Evaluation (IHS-856-3) (Identified individuals will receive a link via email to complete their evaluations.)

When preparing your application for an IHS scholarship award, one of the most important things you can do is use the official **Application Checklist (IHS-856-2)** to keep track of all of the materials you need to submit. The **Application Checklist (IHS-856-2)** is available for download from the IHS Scholarship Program website at www.scholarship.ihs.gov and can also be found on page 37 of this handbook.

The online application will generate a checklist based on the information you have submitted to help remind you of the required supporting documentation that you need to include with your application. Instructions and a screen shot of the online application checklist are available on page 33.

Important Reminders

When submitting your application, make sure that you:

- » **Print three copies**
You must print three copies of your online application and the Application Checklist, two to be submitted with your application packet and one for your files. In addition, you must make three copies of the supporting documentation listed on your Application Checklist.
- » **Click “Submit My Final Application” on Step 12**
Upon completion of your online application, you must click the “Submit My Final Application” button on Step 12 of 12 in order for your online application to be received for review at the IHS Scholarship Program branch office. Failure to do so will result in your application being considered ineligible.
- » **Submit documents with original signatures**
All documents submitted with this application must have the original signatures to be valid.

When submitting your application, you must provide two sets of your application and supporting documentation to the IHS Scholarship Program branch office (the original with required signatures and one copy). Keep one copy for your files. The only exception is your official transcript(s), which should be received in an official, sealed envelope from your school(s).

Step-by-Step Instructions

User Login

Go to the IHS Scholarship Program website at www.scholarship.ihs.gov to begin your online application.

Click “Create Account” if you are a first time applicant. The online system will direct you to a page where you will enter the email address and password that you will use when logging in to the online system throughout the application process. An email will then be sent to your address verifying your account. You will need to follow the directions in the email to continue with your application.

If you are a returning user, simply log in using the email address and password you entered when creating your initial account and you will be directed to Step 1 of the application.

NOTE: Be sure to write down your email address and password for future reference. This will ensure your ability to reenter the system should you need to complete your application at a later date. Also, the IHS Scholarship Program will use the email address you provide to send correspondence regarding the status of your application.

You’re now ready to begin Steps 1 – 12 to complete the online portion of the application process. At any time, you can click “Save & Continue” to go on to the next section or “Save & Logout” to save what you have completed to that point and log out of the system. Your place in the online application process and all of your information will be saved until you return to complete it at another time.



Online Application Option

Step 1 of 12: Profile

Your profile will provide the IHS Scholarship Program with personal information, which will be used solely to verify your identity, determine your eligibility for scholarship assistance and track any federal funds you have or are receiving.

You will also be prompted to select an IHS Area office based on the proximity to either your home address or your college/university. The Area Scholarship Coordinator associated with that office can be used as a reference throughout the application process and can provide assistance with any questions you may have regarding the completion of your application or supporting documentation in preparation for submission to the IHS Scholarship Program branch office. Up-to-date contact information for IHS Area offices can be found on the IHS Scholarship Program website at www.scholarship.ihs.gov.



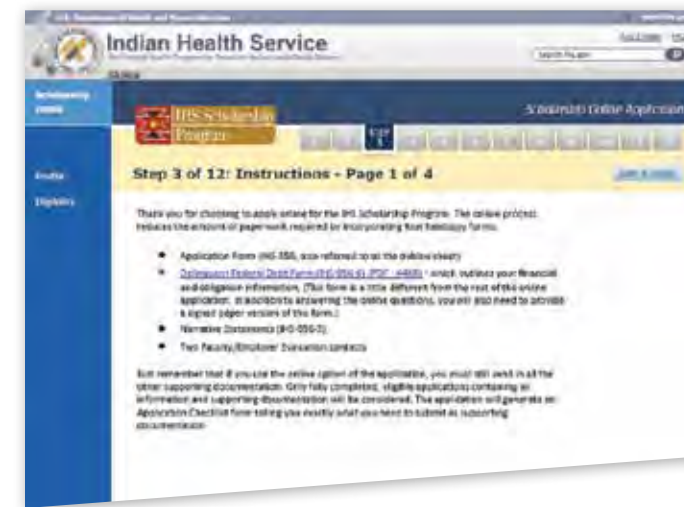
Step 2 of 12: Are You Eligible?

State your US citizenship or national status, information about your Tribal status, the name of your Tribe or Native Village and your cumulative grade point average (GPA).



Step 3 of 12 (four screens): Instructions

The online application process is explained in detail over the next four Web pages. Click "Next" to view each page outlining the different requirements and deadlines for the online application process. At the end of page 4, click "I Agree" to verify that you have read and understand the instructions before moving on to the remaining steps.



Step 4 of 12: Degree Track

In this section, select the degree track or certificate program you will be working on as well as your grade level for the coming academic year. You will also be required to indicate if you are transferring to a new college/university as well as provide your anticipated graduation date based on the degree or certificate you listed in response to the first question on this screen.

Use the "help?" link where indicated if you need further assistance.



Step 5 of 12: College/University Information

Step 5 will gather the following information:

- » The college/university in which you are:
 - currently enrolled
 - have been accepted for enrollment
 - have submitted an application for enrollment*
- » Residency status for tuition cost
- » Your enrollment status (full time or part time)
- » The hours of coursework you are enrolled in for the fall semester

Use the “help?” link where indicated if you need further assistance.

* If you are currently applying to school(s), you must enter information for the school that is your first choice to attend during the coming school year. All other schools to which you have applied should be listed in the last question of this step.

Step 6 of 12: Higher Education Background

If you have attended more than one college/university, Step 6 requests information on those past schools. If the college/university information that you provided in Step 5 is the only school you have attended, click “next” to move on to Step 7: Emergency Contact Information.

If you have attended multiple schools, click “Add College/University” to add those schools. When you have added all past schools attended, click “Next” to move on to Step 7.

Please note that you must provide official transcripts from your current school and all past colleges/universities attended. Transfer credits listed on a transcript is not sufficient documentation. You must provide an official transcript from the college(s)/university(s) from which you transferred those credits. Failure to do so will result in an incomplete application.

High school seniors and high school graduates without college experience will be prompted by the system to provide, on a different screen, information about their high school, years of attendance and date of graduation.

Step 7 of 12: Emergency Contact Information

Provide the name, address and phone number of a relative or friend through whom you can always be located.

Step 8 of 12: Faculty/Employer Evaluation

Provide contact information for two evaluators who will be sent an email containing a link to the online **Faculty/Employer Evaluation** form (IHS-856-3).

The IHS Scholarship Program recommends that you contact your chosen evaluators to request permission to use them as references. Once you have received their permission, it is your responsibility to ensure that the evaluators you have selected received both the email and link associated with the online application evaluation request. You should follow up with each evaluator to confirm they have completed and submitted their forms by the March 28 deadline.

If your evaluators do not have email access, hard copies of the **Faculty/Employer Evaluation** form (IHS-856-3) are available on the IHS Scholarship Program website at www.scholarship.ihs.gov and in this handbook. Collect the completed and signed forms and submit them with your application.

Step 9 of 12: Financial and Obligation Information

Tell us about any federal support you receive and any relevant obligation or debt you may have.



In addition to completing this form as part of your online application, you will need to provide a print version of the **Delinquent Federal Debt form (IHS-856-5)**. This form, with your original signature, should be submitted as part of your supporting documentation for your application to be complete and eligible. Instructions for this form are on page 60 of this handbook.

Step 10 of 12: Narrative Statements

Describe your reasons for requesting a scholarship, state your career goals and explain how your goals will meet the health care needs of American Indians and Alaska Natives.

These statements are used as 30 percent of your score during the application review, so it is important to be descriptive, use correct grammar, write clearly and organize your information. It may be helpful to prepare your statements with a word-processing application and then copy and paste into the appropriate fields. The text boxes on this screen provide unlimited space for your statements.



HELPFUL HINTS

Below are some helpful hints to guide you through the completion of your narrative statements.

1. The IHS Scholarship Program awards are not based on financial hardships. When providing an explanation as to why you are requesting a scholarship, do not indicate that you are in need of financial assistance.
2. A prerequisite of all IHS Scholarship Program applicants is that you intend to serve Indian people as a health professional in your chosen specialty. You should include statements on how you are going to give back to the community.
3. Include any information about your participation or achievements in a health-related field
4. Provide insight into what has motivated you to pursue a health care career
5. It is important to give examples of your involvement in Tribal activities.

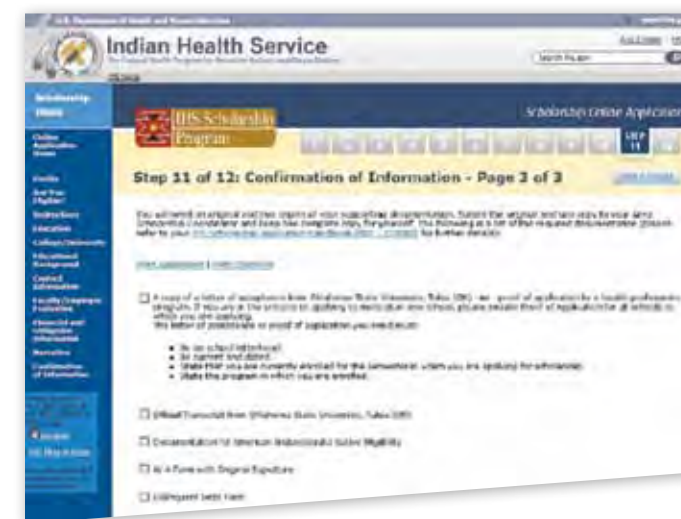
Step 11 of 12 (three screens): Confirmation of Information

Step 11 provides three screens for you to review your information for completeness and accuracy. This includes the opportunity to review your narrative prior to submission.

Information that is missing, but is required to be completed prior to the submission of your application will be denoted with a red asterisk. You must enter this information prior to confirming this screen. Use the left-hand navigation bar or the "Previous" button to return to the steps where that information is missing.

The final screen will generate your official checklist of supporting documentation that must accompany your online application. At the top of the screen, there are two links (Print Application/Print Checklist) for you to print three copies of your application and checklist. All application packets must include two sets (the original with required signatures and one copy) of each of the following: the application, a signed and dated Application Checklist and all required supporting documentation.

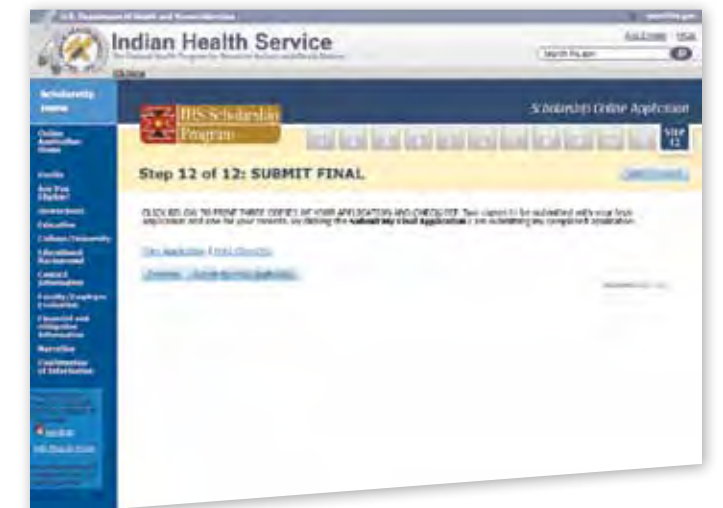
Once you have verified that the list is complete and you have printed copies of your application and checklist, click "Next" to go to Step 12 to submit your final application. Your application **WILL NOT** be officially submitted until you click the "Submit My Final Application" button on Step 12.



Step 12 of 12: Submit Final

If you are ready to submit your final application, click "Submit My Final Application." If you are not ready, click "Previous" to return to another section or click "Save & Logout" to log out of the system and return to complete your application at another time.

Once you have submitted your application, you must contact the IHS Scholarship Program branch office if you need to make any changes.



HELPFUL HINTS

Your Area Scholarship Coordinator or an IHS Scholarship Program analyst can contact you to correct any errors or omissions in your application prior to the March 28 deadline. At the time of contact, you will be allowed to request that your application be "unlocked" for the purpose of making the changes needed to ensure that your application is both complete and eligible for review. Once these changes are made, you **MUST** click "Submit My Final Application" in order to resubmit your application for review. Failure to do so will result in your application being considered ineligible.

Overview

Within the following pages, you will find a complete set of forms and detailed instructions for completing the Print Application Option for the IHS Scholarship Program. An **Application Checklist (IHS-856-2)** on page 37 is included to assist you in preparing your application and to ensure that it is complete. Check off each item as you complete the required forms and documentation. Return the completed signed and dated checklist, along with your application and supporting documentation. If you need additional forms, you can download them from the IHS Scholarship Program website at www.scholarship.ihs.gov.

Important Reminders

- » **Submit documents with original signatures**
All documents submitted with this application must have the original signatures to be valid.
- » **Submit official transcripts from all colleges/universities or high schools you have attended**
All transcripts must be received in an official, sealed envelope with the college/university's institutional seal and/or the signature of the registrar to be considered official and valid for review purposes. High school transcripts must also be received in a sealed envelope provided by the administrative office.
- » **Submit proof of enrollment/acceptance**
You must provide a letter of acceptance from the school/program or proof of application to the school/program for the academic year for which you are requesting scholarship funding.
- » **Submit Documentation of American Indian/Alaska Native Membership or Descendent Status**
A Certificate of Degree of Indian Blood (CDIB) alone is not enough for acceptance. You must provide official documentation of Tribal membership using the Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432) and/or your Tribal membership card with enrollment number.

Please refer to the section on **Documentation of American Indian/Alaska Native Membership or Descendent Status** (located on page 13) for exceptions and a detailed explanation of the documentation required.
- » **Submit a Form W-4 (Health Professions scholarship applicants only)**
You must submit a Form W-4 for the fall term of the academic year for which you are applying with the application for it to be complete.

- » **Submit your curriculum**
Your major's entire curriculum is required as part of the scholarship application process. Individuals who apply for a health profession degree track not listed as a priority during the scholarship cycle under review will not be considered for an IHS scholarship award.
- » **Fill out form IHS-856**
You must fill out the **Application Bubble Sheet (IHS-856)** completely in No. 2 lead pencil and sign and date it in ink.
- » **Submit the original and one copy of your application**
You must make three copies of your completed application and supporting documentation; submit the original with required signatures and one copy to the IHS Scholarship Program branch office and keep one completed copy for your records.

Print Application Option: Required Forms

Application Checklist (IHS-856-2)

Instructions for Checklist Line 1

Beginning with the boxes above the checklist, fill in your name, health profession degree track, Social Security number, email address and the name of the IHS Area office through which you are applying for the scholarship. If you have ever received an IHS scholarship or grant, check the "Yes" box, then note the career category of your original scholarship.

In the next box, check the specific scholarship for which you are now applying. If you are a continuation student, please contact the Division of Grants Operations.

All scholarship applicants must complete the required forms and provide the required documentation listed on the checklist.

Each item of the checklist is explained in detail in the following sections.

Include a signed and dated **Application Checklist (IHS-856-2)** with each copy of your application and supporting documentation. Be sure you have checked off all required items on the checklist before submitting your application.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE		FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013 See Estimated Average Burden Time per Response on Reverse Side.		
PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM APPLICATION CHECKLIST				
The applicant must complete and forward this checklist with their application and required supporting documentation. Please check the appropriate box for each document which is enclosed.				
APPLICANT'S NAME		SOCIAL SECURITY NUMBER		
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS		
HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enter below: DEGREE TRACK _____				
WHAT ACADEMIC YEAR ARE YOU APPLYING FOR? 20 _____ – 20 _____				
I AM APPLYING FOR: <input type="checkbox"/> Preparatory Scholarship Program <input type="checkbox"/> Pre-Graduate Scholarship Program <input type="checkbox"/> Health Professions Scholarship Program				
REQUIRED FORMS:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Online Option</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Print Option</u></td> </tr> </table>	<u>Online Option</u>	<u>Print Option</u>	
<u>Online Option</u>	<u>Print Option</u>			
1. Application Checklist (IHS-856-2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Application Bubble Sheet (IHS-856)	Submitted Online	<input type="checkbox"/>		
3. Documentation for AI/AN Eligibility (Form BIA-4432)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Two Faculty/Employer Evaluations (IHS-856-3)	Submitted Online	<input type="checkbox"/>		
5. Narrative Statements (IHS-856-4)	Submitted Online	<input type="checkbox"/>		
6. Delinquent Federal Debt (IHS-856-5)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Federal Income Tax Withholding (Form W-4) <small>Go to www.irs.gov to download the form for the fall semester of the academic year for which you are applying.</small>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Course Curriculum Verification (IHS-856-6)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Acknowledgment Card (IHS-815)	Submitted Online	<input type="checkbox"/>		
REQUIRED DOCUMENTATION:				
10. Letter of Acceptance from a College/University or Proof of Application to a Health or Allied Health Professions Program	<input type="checkbox"/>	<input type="checkbox"/>		
11. Official Transcript(s): <input type="checkbox"/> All College(s)/University(s) <input type="checkbox"/> High School or Home School Equivalent <input type="checkbox"/> General Education Development (GED) Official Use Only – Cumulative GPA : Area Scholarship Coordinator Calculation: _____	<input type="checkbox"/>	<input type="checkbox"/>		
12. Curriculum for Major <small>Attach this documentation with your Course Curriculum Verification form.</small>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Complete photocopy set <small>Faculty/Employer Evaluations and Official Transcripts will be copied by IHS Scholarship Program staff</small>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>I verify the application is complete, with all required forms, supporting documentation and original signatures.</i>				
APPLICANT'S SIGNATURE		DATE		
IHS-856-2		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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

Application Bubble Sheet (IHS-856)

Instructions for Checklist Line 2

Please read all instructions before making any entries on the **Application Bubble Sheet (IHS-856)**. Errors or omissions on this form will delay or prevent the processing of your application. The Application Bubble Sheet **must be filled out using a No. 2 lead pencil only. After you complete the form, you must write your signature in black or blue ink.** Do not fold, bend, staple or deform this form in any way.

You will record your information using a No. 2 lead pencil in two ways:

- » Print the required information in the boxes above the columns of bubbles or circles. Begin in the first box of each set and print **only one letter per box**.
- » Blacken the appropriate circle for each letter, number, symbol or empty space in the column directly beneath a box that you've written in. Fill in the empty circles above row A only for spaces that you have left intentionally blank between words.

When completing the bubble sheet, take care to:

- » Answer **all** questions
- » Fill in the circles completely, making your marks dark and heavy
- » Stay within the circles; if you must erase stray marks or incorrect entries, be sure to erase completely

Print Application Option: Required Forms

Line 3 — Street Address Only

Enter your street name and number only in this section. Blacken the appropriate circles below the boxes. **Do not enter the City, State and ZIP Code here. You will do that in the next section.** If you do not require a second line for your street address, leave that section of boxes blank.

Line 4 — City, State and ZIP Code

Line 4a — City Only

Enter the name of your city only in this section. Blacken the corresponding circles below the boxes.

Line 4b — State

Blacken the corresponding circle for your state (includes territories and protectorates).

Line 4c — ZIP Code

Enter your ZIP Code in the boxes and blacken the corresponding circles below them.

If you do not know your ZIP+4 code, leave the last four columns blank and enter only the five-digit ZIP Code.

Line 4d — IHS Area Office Code

Write the two-digit numeric code for your IHS Area office in the boxes and blacken the corresponding circles. Choose the IHS Area office code closest to either your home address or your school address.

Line 5 — Phone Number

Line 5a — Home Phone Number

Enter your area code and home phone number and blacken the corresponding circles.

Line 5b — Daytime Phone Number

Enter your area code and daytime phone number and blacken the corresponding circles. **If this number is the same as your home phone number, please enter it again here.**

Line 6 — Social Security Number

Enter your Social Security number and blacken the appropriate circles. You are asked to provide your Social Security number on a voluntary basis. However, if you do not provide this information and you are awarded a scholarship, you will be required at that time to provide it for purposes of payroll and payment of scholarship benefits directly to you. For more information, see the Privacy Act Notice on page 2 of this handbook. The Social Security number is used for identification purposes only.

Line 7 — Email Address

Your email address will be the primary form of communication, so enter an address that you check frequently. Blacken the corresponding circles. Note that symbols often used in email addresses, such as “@”, “.”, “-” and “_” are the bottom four rows of circles. **If you do not have an email address, leave this area blank.**

Line 8 — Place of Birth

Print the city and state or country of birth in the boxes, and blacken the corresponding circles.

Line 9 — US Citizenship

If you are a citizen of the United States, blacken the “YES” circle. Only US citizens or naturalized citizens are eligible for IHS scholarship awards.

Line 10 — Are You Eligible to Apply?

If you are an American Indian or Alaska Native, blacken the “yes” circle. Those eligible will be required to show the following proof when applying:

» **Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)**, as follows:

• **American Indian:** Category A — A member of a federally recognized Tribe, band or community

• **American Indian:** Category B — A descendent of a federally recognized Tribe, band or community (you must also provide copies of birth certificates for yourself and the parent/grandparent who is/are enrolled member[s])

• **Alaska Native:** Category D — Alaska Native

REMINDER: A Certificate of Degree of Indian Blood (CDIB) alone is not enough for acceptance. You must provide official evidence of Tribal membership. Please refer to the section on **Documentation of American Indian/Alaska Native Membership or Descendent Status** on page 13 for exceptions and a detailed explanation of the documentation required.

Line 11 — Tribal Code

This section is for use by the IHS Scholarship Program office **only. Applicants should leave this section blank.**

Line 12 — Tribal Recognition

Blacken the circle that describes your Tribal recognition:

1. Your Tribe is federally recognized
2. Your Tribe is state recognized
3. You are a descendent of a federal or state Tribe or both

If your Tribe is state recognized, fill in the boxes with the phone number and address of your State Attorney General’s office or the Commissioner of Indian Affairs.

Line 13 — Recipient of EFN Scholarship

If you are a current or previous recipient of funding and benefits under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN), blacken the “YES” circle. You are not eligible to receive an IHS scholarship award and EFN simultaneously.

Line 14 — Previous Service Commitment

If you are currently under any obligation to practice your profession in a state or other entity after you complete your training, this could conflict with the service obligation you incur under the IHS Scholarship Program. **If you are obligated to practice under another program, read the terms of your agreement with that program carefully.** Such an obligation does not necessarily make you ineligible for the IHS Scholarship Program, as many service agreements will allow you to serve the IHS Scholarship Program service obligation first. If this is your case, there is no conflict and you should answer “NO.” If you are not currently under any service obligation to another program, answer “NO.”

Line 15 — Future Specialty Interest

If you are applying as a physician (medical student) or nurse practitioner, print the name of the specialty you are planning to pursue. Find the matching code from the list below, enter it in the boxes and blacken the corresponding circles in the specialty code blocks. If you do not have a specialty preference at this time, enter the word “UNKNOWN” in the box and blacken the corresponding circles. **NOTE: All residencies require prior approval.**

AN	Anesthesiology
NA	Certified Registered Nurse Anesthetist (CRNA)
CPSY	Child Psychiatry
EM	Emergency Medicine
FP	Family Practice
GPSY	General Psychiatry
GSUR	General Surgery
INT	Internal Medicine
NP	Nurse Practitioner (master’s degree level only)*
OBYN	Obstetrics/Gynecology
PED	Pediatrics

* **NP Specialty, if applicable:**

AC	Acute Care
AH	Adult Health
FH	Family Health
GER	Gerontology Health
NH	Neonatal Health
PCH	Pediatric/Child Health
PMH	Psychiatric/Mental Health
WH	Women’s Health

Print Application Option: Required Forms

Line 16 — Permanent Contact Person

Print the name, permanent address and phone number of a person through which you can always be contacted and that will not change, such as a parent, relative or close friend.

Line 17 — Form W-4 (Employee's Withholding Allowance Certificate) (Health Professions scholarship applicants only)

Your submitted application packet must include a completed Internal Revenue Service (IRS) Form W-4 with an original signature. IHS scholarship stipends are subject to federal income tax, and possibly state and local taxes. IHS withholds federal income taxes only from your stipend payments. Please contact your state about any state tax liability on your award. Instructions concerning Federal Income Tax Withholding (Form W-4) can be found on the IRS website at www.irs.gov.

On the **Application Bubble Sheet (IHS-856)**, you will supply some of the information that you entered on Form W-4 by blackening the corresponding circles. For lines 17a through 17d, provide the following information:

Line 17a — Your marital status for withholding federal income taxes

Line 17b — The total number of withholding allowances you are claiming (up to seven)

Line 17c — If you are claiming exemption from withholding

Line 17d — Specify any additional amount you would like to be deducted each pay period. If you want additional deductions, state this amount in whole dollars. You must enter a numeral in all three boxes and blacken the corresponding circles. For example, if you want \$30 deducted, enter "030" in the boxes and blacken the circles for "030" or if you want \$0 deducted, enter "000" in the boxes and blacken the circles for "000."

If you do not wish tax withheld from your monthly stipend payment, you should claim "exempt" on the Form W-4 and skip line 17b.

REMINDER: You must submit a Form W-4 for the fall term of the scholarship year for which you are applying along with your application for it to be complete. Current forms can be downloaded on the IRS website at www.irs.gov.

Section B — Degree Program

In this section, you will answer questions that pertain only to the scholarship for which you are applying.

REMINDER: Include current written evidence of your acceptance or your letter of acceptance into the health profession program for the academic year for which you are requesting scholarship funding.

Line 1 — Enrollment Status

Select full-time or part-time enrollment. In the boxes, enter the average number of credit hours you will be enrolled in for the term, quarter or semester. Full-time status is 12 or more credit hours. Part-time status is six to 11 credit hours. Blacken the corresponding circles.

Line 2 — School Name

Print the name of your school in the box and blacken the corresponding circles.

Line 3 — School Location

Print the city and state where your school is located and blacken the corresponding circles.

Line 4 — School Code

This section is for use by the IHS Scholarship Program office only. **Applicants should leave this section blank.**

Line 5 — Date of School Attendance

Enter the month and year you first attended or will attend college/university classes for credit. Blacken the corresponding circles.

Line 6 — School Tuition Charge Status

Select the category in which you will be charged tuition and fees for the school year for which you are applying for scholarship assistance. If your school charges the same tuition and fees for in-state residents and out-of-state non-residents, select the third choice. Blacken the corresponding circle.

Line 7 — Specific Scholarship

Line 7a — Select the scholarship for which you are applying.

Line 7b — Your Graduation Date: This line is extremely important. Check your information for accuracy. Enter the month and year you expect to graduate, or the month and year you expect to complete the required coursework. Select "June" if you cannot confirm your graduation month. Blacken the corresponding circles.

EXAMPLE: You are applying for the Preparatory scholarship as a junior within the pre-pharmacy career category during the 2011-2012 application cycle. Your graduation date should indicate completion of your undergraduate degree as of June 2013. Do not enter your graduation date as the expected completion of your pharmacy degree.

Line 8 — Your Year of Coursework Enrollment (For All Applicants)

Select the year of coursework you will be enrolled in during the academic year for which you are applying for a scholarship.

Line 9 — Previous College or University Attendance

If you have attended college or graduate school, provide information on your attendance. Enter the name of your school(s), the appropriate city and state, the month and year you attended, the number of credit hours you completed, the type of degree you obtained and the month and year you obtained the degree (if applicable). If you are graduating within six months of the application, enter the degree you will obtain and the month and year you expect to graduate. Submit this information with official transcripts from each college or university.

High School, GED or Home Schooling

If you have not attended college, complete this set of boxes to provide information on your high school attendance, GED high school equivalency or home schooling. Enter the name and location of your high school or where your GED was obtained. If you were home schooled, the name of your school will be "home school" and the location will be your home address. Enter the month and year you attended and your graduation date or the date you were awarded your GED certification.

Section C — Miscellaneous

Line 1 — Date of Birth

Enter the month, day and year of your birth in this format: 02-05-1974 (for February 5, 1974, for example). Blacken the corresponding circles under the boxes.

Line 2 — Gender

Blacken the appropriate circle for your gender.

Line 3 — Grant Number

This section is for use by the IHS Scholarship Program office only. **Applicants should leave this section blank.**

Section D — Certification

In this section, you will certify that the information you have given is accurate and complete to the best of your knowledge. The information you provide might be investigated and any willful misrepresentation will be cause to reject your application for an IHS scholarship award. If a scholarship has been awarded, willful misrepresentation will make you liable for repayment of awarded funds. False statements may be punished as a felony under US code, Title 18, Section 1001.

After you have read the certification statement on the application sheet and understand it fully, sign your full name and date the application **in black or blue ink** in the boxes provided.

Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)

Instructions for Checklist Line 3

Submit a copy of an approved **Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)** with your application. This form can be downloaded from the Department of the Interior at www.doi.gov. The **form within this handbook is for example purposes only.**

REMINDER: A Certificate of Degree of Indian Blood (CDIB) alone is not enough for acceptance. You must provide official evidence of Tribal membership. Please refer to the section on **Documentation of American Indian/Alaska Native Membership or Descendent Status** (located on page 13) for exceptions and a detailed explanation of the documentation required.

If you need assistance with the form, contact the Bureau of Indian Affairs or your local Tribal officials.

**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE**

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe shown:

Full Name	Enrollment No.	Date of Birth	Tribal Affiliation
I certify that the above information was taken from the official membership records of the _____ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.			
Certification by Tribal Official:		And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment list maintained by the BIA at the request of the tribe.	
Signature	Date	Signature of BIA Official	Date
Print Name & Title of Tribal Official	Name/Title	Agency	

CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934

I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Full Name	Date of Birth
Reservation of Residence on June 1, 1934	Full Name of Ancestor & Tribal Affiliation
Title and source of records upon which this is based:	BIA Official
	Date
	Title
	Agency

CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.

I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

Full Name	Date of Birth	Degree of Blood and Tribal Derivation
Title & Source of Records upon which this is based:	BIA Official	Date
<input type="checkbox"/> Official Records of Tribal Affiliation & Blood Degree	Title	Agency
<input type="checkbox"/> State or Academic Recognition of Indigenous Status		

CATEGORY D - ALASKA NATIVE

I certify that the person named below is a member of an Alaska Native Tribe; or, an individual whose name appears on the roll of Alaska Natives prior to July 31, 1981, and not subsequently disenrolled; or, an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606(g)(1)(B)(i).

_____	_____	_____
Name	Date of Birth	Alaska Native Village/Corporation/Roll
Title and source of records upon which this is based:		
_____	_____	_____
	BIA Official	Date
	_____	_____
	Title	Agency

INSTRUCTIONS FOR COMPLETING FORM BIA-4432

1. It is the responsibility of the individual to establish evidence of entitlement to Indian preference. Applicants must submit as much background information as possible to verify eligibility for Indian preference. Falsification or misrepresentation of information is punishable under Federal Law, 18 U.S.C. 1001.

CATEGORY A

MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES. If you are a member of a Federally-recognized tribe, you must request that your tribe complete this category. One of the following procedures will apply and you will be advised by your tribe:

If your tribe has contracted or compacted the maintenance of tribal enrollment records under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. 450, a verification signed by an *authorized* Tribal Representative(s) is sufficient.

If your tribe does *not* maintain tribal enrollment records, the tribe must certify that you are a member and you must submit the form to the BIA official who maintains the official roll for the tribe.

CATEGORY B AND C

- **DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934**
- **PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES**

If you are claiming preference based on any of these categories, you should provide as much information as possible regarding your family history. This will be the only information which the BIA will have to certify your lineal descent.

If you are claiming preference based upon lineal descent from a member of a federally recognized tribe, band or community, you must also document that you were residing within the present boundaries of the reservation on June 1, 1934.

If you possess one-half degree Indian blood from a tribe indigenous to the United States, you must submit state or academic records that document this status, as well as official records

Faculty/Employer Evaluation (IHS-856-3)

Instructions for Checklist Line 4

You are required to submit two completed **Faculty/Employer Evaluation** forms (IHS-856-3) with **original signatures**. **You must use this form. A letter of recommendation without a completed form is not acceptable.** This is an important part of the selection process, as these evaluations will be used to determine your ranking.

The IHS Scholarship Program recommends that all applicants select faculty and employer personnel who can evaluate your school/work performance. Please contact your chosen evaluators to request their permission to use them as a reference. Once permission is received, provide these forms to those evaluators. Collect the completed forms and submit them with your application. Make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest at the bottom of the form, certifying that the evaluator isn't related to you by blood or marriage and can attest that the evaluation provided is accurate. Any false representation is sufficient cause for rejection of your application.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE		FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013 See Estimated Average Burden Time per Response on Reverse Side.
PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM FACULTY/EMPLOYER EVALUATION		
APPLICANT'S NAME		SOCIAL SECURITY NUMBER
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
<p>The student identified above is applying to receive an Indian Health Service (IHS) scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.</p> <p>The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the <i>Federal Register</i>.</p>		
PLEASE RETURN COMPLETED FORM TO APPLICANT		
1. How do you rate the educational/work achievement of this applicant? 5 - <input type="checkbox"/> OUTSTANDING 4 - <input type="checkbox"/> ABOVE AVERAGE 3 - <input type="checkbox"/> AVERAGE 2 - <input type="checkbox"/> BELOW AVERAGE 0 - <input type="checkbox"/> POOR Comments: _____ _____ _____		
2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others. 5 - <input type="checkbox"/> OUTSTANDING 4 - <input type="checkbox"/> ABOVE AVERAGE 3 - <input type="checkbox"/> AVERAGE 2 - <input type="checkbox"/> BELOW AVERAGE 0 - <input type="checkbox"/> POOR Comments: _____ _____ _____		
3. Based on this applicant's personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Professional Shortage Area (HPSA)? 5 - <input type="checkbox"/> OUTSTANDING 4 - <input type="checkbox"/> ABOVE AVERAGE 3 - <input type="checkbox"/> AVERAGE 2 - <input type="checkbox"/> BELOW AVERAGE 0 - <input type="checkbox"/> POOR Comments: _____ _____ _____		
4. Type of work (applicant): _____ 5. Length of time known: _____		
Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage. I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.		
NAME (Print or type)		
POSITION TITLE (Required)		PLACE OF EMPLOYMENT (Required)
SIGNATURE		DATE
IHS-856-3		EF

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED:
OMB Approval No: 0917-0006
Exp. Date: 08/31/2013

See Estimated Average Burden Time per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
FACULTY/EMPLOYER EVALUATION**

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

The student identified above is applying to receive an Indian Health Service (IHS) scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational/work achievement of this applicant?
5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others.
5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

3. Based on this applicant's personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Professional Shortage Area (HPSA)?
5 - OUTSTANDING 4 - ABOVE AVERAGE 3 - AVERAGE 2 - BELOW AVERAGE 0 - POOR

Comments: _____

4. Type of work (applicant): _____

5. Length of time known: _____

Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.

NAME (Print or type)	
POSITION TITLE (Required)	PLACE OF EMPLOYMENT (Required)
SIGNATURE	DATE

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 50 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

Delinquent Federal Debt (IHS-856-5)

Instructions for Checklist Line 6

The purpose of the **Delinquent Federal Debt** form (IHS-856-5) is to determine if you have any federal debt past due on your scheduled payments. This includes federal income taxes, guaranteed or direct student loans, Federal Housing Authority loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS does not consider deferred loans to be delinquent.

You must complete and sign this form and include it with your application. Fill in your name, health profession degree track, Social Security number, email address and the IHS Area office through which you are applying. Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO," sign and date the form at the bottom and submit it with your application.

If you are delinquent on the repayment of any federal debt, check "YES." Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as a student loan or Housing and Urban Development mortgage, for example), the name and phone number of a contact person handling your debt and the account number.

Additionally, you must include a notarized power of attorney, authorizing IHS Division of Grants Operations personnel to inquire on your debt. Your application will not be considered for an award if you do not include this authorization. If you have any questions regarding the power of attorney, contact the IHS Division of Grants Operations. An example is provided on the next page for your reference.

ONLINE APPLICANTS NOTE: You must mail a hard copy of this form with your application to the IHS Scholarship Program branch office for your application to be complete and eligible for consideration.

Sample Power of Attorney

I, _____ of _____
[print student's name] [insert address]

do hereby authorize the IHS Division of Grants Operations _____
[insert address of organization-in-fact]

to inquire on my debt to the _____, for my benefit to remain eligible as
[insert organization]

an IHS scholarship applicant.

This **Power of Attorney** is granted for a period of one year and shall become effective on _____
[date]

and shall terminate on _____.
[date]

Specified Date

Executed this _____ day of _____, 20____ at _____.
[day] [month] [time]

[print name] [signature]

Notary Acknowledgement

State of _____; County of _____.

On this the _____ day of _____, 20____, before me _____,
[day] [month] [insert name of notary]

the undersigned officer, personally appeared _____,
[print student's name]

known to me or proven satisfactorily to be the person whose name is subscribed to the within instrument,

and acknowledge that he or she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my name and official seal.

[signature of notary]

My Commission Expires: _____
[insert official seal]

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
DELINQUENT FEDERAL DEBT**

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

INSTRUCTIONS:

The applicant must complete and forward this sheet with their application and required supporting documentation. Please check the appropriate box below. If the "Yes" box is checked, please provide an explanation in the space provided.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Indian Health Service.

ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)? Yes No

If your response was "Yes," please provide an explanation in the space provided below. Explanation must include name of Federal Agency (to which debt is owed), type (student loan, HUD Mortgage, etc.), telephone number and name of contact person(s) handling debt, and account number if different from your SSN. **You are required to provide a notarized power of attorney, in some cases the Federal Agency may require you to use their power of attorney document, authorizing the release of information to the IHS Division of Grants Operations to inquire about your debt. If authorization is not included, your application will not be considered for an award.**

Federal Agency	Type of Loan	Account #	Contact Name	Phone #

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be subject to penalties under U.S. code, Title 18, Section 1001.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

**Federal Income Tax Withholding (Form W-4)
(Health Professions scholarship
applicants only)**

Instructions for Checklist Line 7

REMINDER: Health Professions scholarship applicants must submit a **Form W-4** for the fall term of the scholarship year for which they are applying along with their application for it to be complete. Go to www.irs.gov to download the correct form.

IHS scholarship benefits paid to you are subject to federal income tax. You must complete the Internal Revenue Service (IRS) Form W-4 in order to comply with tax withholding requirements in the event you are selected.

If you **do not** want tax withheld from your monthly stipend check, you should claim "exempt" on Form W-4 and do not fill in line 17b, Section A of the **Application Bubble Sheet (IHS-856)**.

If you **do** want tax withholding, complete Form W-4 and fill out the information requested in Section A of the **Application Bubble Sheet (IHS-856)** lines 17a through d. Return Form W-4 with your application.

If you have any questions regarding Form W-4, contact your local Internal Revenue Service office or visit the IRS website at www.irs.gov.

Print Application Option: Required Forms

Course Curriculum Verification (IHS-856-6)

Instructions for Checklist Line 8

The **Course Curriculum Verification** form (IHS-856-6) is to be verified and signed by your current advisor or counselor at the college/university or high school you are attending or your Area Scholarship Coordinator based on review of your curriculum for major. If you choose to have your Area Scholarship Coordinator verify and sign your **Course Curriculum Verification** form, you must meet with him by appointment for review prior to submission. This form's purpose is to confirm that you have applied for admission to the school or have enrolled for the upcoming academic year.

If you have not accepted admission to a college or university at this time, complete and submit this form with a copy of your **Curriculum for Major** (instructions available on page 77) for each college or university where you applied.

Before having your advisor or counselor verify and sign this form, fill in your name, Social Security number, health profession degree track, email address and the IHS Area office you have selected. Next, fill in the name of your college/university, indicate the academic year for which you are applying and circle your enrollment status (full time or part time, printed in boldface).

The next section provides space for you to list the coursework you are planning to take during the following academic year. You are required to provide the courses you have or will be enrolled in based on your school's academic term (semester, quarter or trimester). Include the course number, credit hours and course title when completing the form. In the space to the right of each section, fill in the total number of credit hours for each term.

Provide the completed form for your advisor's or counselor's verification, reminding him to sign, date and provide his title and phone number. Obtain the signed form from your advisor, counselor or Area Scholarship Coordinator and submit it with a copy of your **Curriculum for Major** attached.

Be advised that courses not required for your approved health profession degree track will not be paid for by IHS and will not be counted toward meeting the required hours for determining full-time or part-time status.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE		FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013 See Estimated Average Burden Time per Response on Reverse Side.
PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM COURSE CURRICULUM VERIFICATION		
APPLICANT'S NAME		SOCIAL SECURITY NUMBER
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
Are you applying as a: <input type="checkbox"/> New Applicant <input type="checkbox"/> Continuing Applicant		
THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL		
This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) _____ for the academic year 20 _____ – 20 _____.		
He/She will be enrolled in either a full-time or part-time (circle one) undergraduate/graduate curriculum which fulfills the requirement for admission into his/her chosen health program identified above. The individual will be enrolled/or is anticipated to be enrolled in the following courses commencing Fall 20 _____.		
ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION		
SEMESTER I / TRIMESTER I / QUARTER I (Required)		TOTAL S / T / Q HOURS: _____
COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
SEMESTER II / TRIMESTER II / QUARTER II (Required)		TOTAL S / T / Q HOURS: _____
COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Continues on back		
NAME (Print)		POSITION TITLE (Required)
SIGNATURE	DATE	PHONE NUMBER
IHS-856-6		EF

TRIMESTER III / QUARTER III (Required, if applicable)

TOTAL T / Q HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARTER IV (Required, if applicable)

TOTAL Q HOURS: _____

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 42 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

Print Application Option: Required Forms

Acknowledgment Card (IHS-815) (Print Application Option Only)

Instructions for Checklist Line 9

The **Acknowledgment Card (IHS-815)** is used by the IHS Scholarship Program to document receipt of your application. Enter your name and address on the front of the card, then separate the postcard along the perforated edges and submit it with your application packet. The card will then be returned to you within four weeks of receiving your application. Keep this with your copy of your application when returned from IHS.

The other half of the postcard should be saved and used if you should change addresses between the time you applied and the time you will be notified of your scholarship award status. Complete the **Address Change Notice (IHS-816)** section of the postcard and mail it to the IHS Scholarship Program to initiate a change of address.

INDIAN HEALTH SERVICE IHS SCHOLARSHIP PROGRAM ADDRESS CHANGE NOTICE

PRINT NAME: _____ FIRST _____ MIDDLE _____ LAST _____

OLD ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

NEW ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

EFFECTIVE DATE OF CHANGE: _____

(Please fold on dotted line and tape closed on all three sides)

Check Appropriate Box

- I have applied, but have not been notified of the status of my application.
- I already have an IHS scholarship.
- I am in postgraduate training.
- I am fulfilling my service obligation.

SIGNATURE: _____

Enter YOUR complete mailing address on the IHS SCHOLARSHIP PROGRAM mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.



The Address Change Notice (IHS-816) card should be retained for future use.



DEPARTMENT OF
HEALTH & HUMAN SERVICES

Indian Health Service
Rockville, MD 20852
Official Business
Penalty for Private Use \$300

PLEASE PRINT NAME AND ADDRESS

Your application for an
INDIAN HEALTH SERVICE SCHOLARSHIP
has been received by this office.

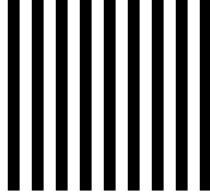
Please notify this office of changes in address or telephone.
You may be contacted by the IHS Scholarship Program should
further information be needed.

Indian Health Service
IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville, MD 20852

IHS-815

Acknowledgement of Receipt of Application

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 2787 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service
IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville MD 20852-9736



Letter of Acceptance or Proof of Application to a Health Profession Program

Instructions for Checklist Line 10

New Applicants: You must submit proof of acceptance into school, such as an original letter of acceptance. If you are already attending school, submit a letter indicating that you are eligible for enrollment in the fall/spring academic year for which you are applying for scholarship funding, signed by an appropriate school official.

Preparatory Scholarship and Pre-Graduate Scholarship Applicants: A general acceptance letter into school for the fall/spring academic year in which you are applying for scholarship funding will satisfy this requirement.

Health Professions Scholarship Applicants: You are required to submit a specific letter of acceptance (the most current) showing you have been accepted into your specific health profession program. A letter of general admission to your college/university is not acceptable.

Proof of enrollment through the National Student Clearinghouse will not be accepted in lieu of an original letter of acceptance or proof of application.

If you have applied to more than one school and are waiting for acceptance from any one of them, you must include letters from **all** of the schools to which you have applied stating that your application for admission has been received. These letters must include the date formal acceptance will be given if you are accepted. If you submit such letters, you must follow up with evidence of official acceptance to the school you choose to attend **as soon as you are informed of your acceptance.**

The time frame for selections is the end of May. The IHS Scholarship Program office must have your official letter of acceptance by May 31.

Print Application Option: Required Documentation

Preparatory and Pre-Graduate Scholarship Letter of Acceptance is for example purposes only.


ARIZONA STATE UNIVERSITY

January 11, 2007

██████████ ██████████

Dear ██████████

It is my pleasure to inform you that you have been admitted to Arizona State University, an academic community nationally recognized for innovative programs, distinguished faculty, and an outstanding campus environment. I commend you for selecting ASU as your pathway to success and welcome you to the university community.

Please review the enclosed information carefully as it contains your term of admission, entry level, college and major, conditions of admission, and a summary of any transfer credits granted. If you have questions about this information, you may call the Undergraduate Admissions Office at 480.965.7788.

Arizona State University is committed to providing you with all of the necessary resources to help you make the most of your college experience. Taking advantage of these resources and completing all of the necessary steps before enrollment will enhance your ability to succeed.

Congratulations again on your admission to Arizona State University! I look forward to seeing you on campus.

Sincerely,


██

██████████

Dean

UNIVERSITY OF ARIZONA

Health Professions Scholarship Letter of Acceptance is for example purposes only.


UNIVERSITY of ARKANSAS
1871

Eleanor Mann School of Nursing
College of Education and Health Professions

217 Clark Hall
Fayetteville, Arkansas 72701
(479) 575-3904
(479) 575-3218 (FAX)

February 6, 2007

To Whom It May Concern:

██████████ is enrolled in the Eleanor Mann School of Nursing at the University of Arkansas. ██████████ began her first semester in the program as of January, 2007. She will continue in the program for the fall semester.

Thank you,

██

Professor and Director

The University of Arkansas is an equal opportunity/affirmative action institution.

Print Application Option: Required Documentation

Official Transcripts

Instructions for Checklist Line 11

REMINDER: Submit official transcripts from all colleges/universities you have attended. All transcripts must be received in an official, sealed envelope with the college/university's institutional seal and/or the signature of the registrar to be valid.

Submit only official transcripts. Copies of transcripts will not be accepted. Official transcripts that show signs of tampering will not be accepted as part of your supporting documentation. To fulfill the requirements of your complete and eligible application, the IHS Scholarship Program office will make the necessary copies of your official transcript(s).

Official College/University Transcripts

You must submit **official transcripts** (not copies of transcripts) for each college and/or university you have attended. **Official transcript** means the document must be received in a sealed envelope with the college/university's institutional seal and/or the signature of the registrar **must** be present.

Official High School Transcripts

You must submit **official transcripts** from your high school. Transcripts must be received in a sealed envelope. If you did not graduate from high school, submit a copy of an official document that verifies high school equivalency.

NORTHEASTERN STATE UNIVERSITY
STATE UNIVERSITY
Tahlequah, Oklahoma 74464-2399
FICE 00003161

Name: [REDACTED] Issued To: [REDACTED]
Date-Printed: [REDACTED]
Student-ID: [REDACTED]
Page: 1 of 1

Dept	CR.#	Description	Gr	Hrs	Pts	Dept	CR.#	Description	Gr	Hrs	Pts					
----- TRANSFER CREDITS -----																
----- SPRING 2005 -----																
CONNORS STATE COLLEGE	OK	ZOOL 1132 GEN ZOO (LAB)	B	2	6	ACCUM	**71.0	**74.0	*275.0	*3.873						
TRANS	ATT	**3.0	EARN	**3.0	GPA 4.000	HIST 1493 AM HIST SNCE 1876 P	A	3	U	12	G/R	**71.0	**74.0	*275.0	*3.873	
ENGL	1213	FRESHMAN COMP II	E	3	U	0	ZOOL 1123 GEN ZOO (LECT)	A	3	U	12	----- END OF ACADEMIC TRANSCRIPT -----				
----- SPRING 2004 -----																
MIS	1003	COMP IN MOD SOC HEAT	A	3	U	12	HIST 1113 EARLY WEST CIV	A	3	U	12	----- END OF ACADEMIC TRANSCRIPT -----				
M ED	1113	PERSONAL HEALTH	A	3	U	12	MATH 1613 PLANE TRIG	B	3	U	9					
SEM-U	ATT	**6.0	EARN	**6.0	GPA 4.000	ACCUM	ATT	*14.0	EARN	*14.0	GPA 3.642					
ACCUM	ATT	**9.0	EARN	**9.0	GPA 4.000	G/R	ATT	*44.0	EARN	*44.0	GPA 3.886					
G/R	ATT	**9.0	EARN	**9.0	GPA 4.000	----- FALL 2005 -----										
----- SUMMER 2004 -----																
CHEM	1123	GEN CHEM I LEC	A	3	U	12	BIOL 2224 MICROBIOL (LAB REQ)	B	4	U	12					
CHEM	1131	GEN CHEM I LAB	A	1	U	4	SOC 1113 INTRO TO SOCIOLOGY	A	3	U	12					
SEM-U	ATT	**4.0	EARN	**4.0	GPA 4.000	PSYC 1113 INTRO TO PSYCHOLOGY	A	3	U	12						
ACCUM	ATT	*13.0	EARN	*13.0	GPA 4.000	ZOOL 2154 HUMAN ANAT (LAB REQ)	A	4	U	16						
G/R	ATT	*13.0	EARN	*13.0	GPA 4.000	SEM-U	ATT	*14.0	EARN	*14.0	GPA 3.714					
----- SPRING 2006 -----																
ORIE	1001	COLL STRATEGIES-PLC	A	1	U	4	ACCUM	ATT	*58.0	EARN	*58.0	GPA 3.844				
GROG	2243	FUNDAMENTALS OF GEO	A	3	U	12	G/R	ATT	*58.0	EARN	*58.0	GPA 3.844				
CHEM	1223	GEN CHEM II LEC	A	3	U	12	----- FALL 2004 -----									
HUM	2113	GENERAL HUM I	A	3	U	12	FCS 1653 BASIC NUTRITION	A	3	U	12					
ENGL	1113	FRESH COMP I	PLC	A	3	U	12	PSYC 2023 LIFE-SPAN DEVELOP	A	3	U	12				
POLS	1113	AMER FED GOVT	PLC	A	3	U	12	ENGL 3413 WORLD LITERATURE	A	3	U	12				
SEM-U	ATT	*17.0	EARN	*17.0	GPA 4.000	ZOOL 3314 HUMAN PHYS (LAB REQ)	A	4	U	16						
ACCUM	ATT	*30.0	EARN	*30.0	GPA 4.000	SEM-U	ATT	*13.0	EARN	*13.0	GPA 4.000					
G/R	ATT	*30.0	EARN	*30.0	GPA 4.000	ACCUM	ATT	*71.0	EARN	*71.0	GPA 3.873					
----- FALL 2005 -----																
ACCUM	ATT	*30.0	EARN	*30.0	GPA 4.000	G/R	ATT	*71.0	EARN	*71.0	GPA 3.873					

REJECT DOCUMENT IF SIGNATURE IS DISTORTED
AN OFFICIAL SIGNATURE IS WHITE ON A GREEN BACKGROUND

WILLIAM E. NOWLIN, DEAN OF ENROLLMENT MANAGEMENT / REGISTRAR
William E. Nowlin

Curriculum for Major

Instructions for Checklist Line 12

REMINDER: Individuals who apply for a health profession degree track not listed as a priority during the scholarship cycle under review will not be considered for an IHS scholarship award.

You will need a copy of the course curriculum for your major. This can usually be obtained from your school catalog or your major's department office. You must attach a copy to your **Course Curriculum Verification** form (IHS-856-6) when submitting your application.

NOTE: Preparatory scholarship applicants must show that their curriculum for major will permit them to gain acceptance into their health profession degree program (for example, pre-pharmacy curriculum will result in acceptance to a pharmacy school).

ELEANOR MANN SCHOOL OF NURSING
UNIVERSITY OF ARKANSAS
FAYETTEVILLE, ARKANSAS
BACCALAUREATE NURSING PROGRAM CURRICULUM PLAN
GENERIC

FRESHMAN YEAR			SOPHOMORE YEAR		
Course	Hours		Course	Hours	
ENGL 1013 Composition I	3		*Social Science (except HESC 1403)	3	
MATH 1203 College Algebra (or higher)	3		HESC 1403 Life Span Development	3	
BIOL 1543 / BIOL 1541L Principles of Biology	4		*U.S. History	3	
CHEM 1074 / 1071L Fundamentals of Chemistry	5		ENGL 2003 Advanced composition (or Exempt)	0-3	
	15		BIOL 2213 & 2211L Human Physiology w/Lab	4	
			Elective	1-4	17
-----			-----		
Semester II			Semester II		
ENGL 1023 Composition II	3		PHIL 2003, 2103, or 2102	3	
*Social Science (except HESC 1403)	3		Intro to Philosophy, Ethics, or Medical Ethics	3	
NURS 2022 Intro to Professional Nursing Concepts	2		*Fine Arts or Humanities (select from category a), c), or d)	3	
BIOL 2443 & 2441L Human Anatomy w/Lab	8		BIOL 2013/2011L Microbiology w/Lab	8	
Elective	2		NURS 2032 Therapeutic Communication	2	
	15		NURS 2012 Nursing Informatics	2	
			EDFD 2402 Statistics in Nursing, PSYC2013 or STAT2303	1	
				17	
*Courses must be completed as a resident in Fayetteville, Arkansas					
NOTE: This Eight Semester Plan does not comply with the ACT 1094 requirements. Nursing requires admission following pre-professional study as a graduate course is permitted for non-Bachelors.					
GENERIC NURSING BSN CURRICULUM PROGRAM PLAN					
PROFESSIONAL PROGRAM OF STUDY					
JUNIOR YEAR			SENIOR YEAR		
Course	Hours		Course	Hours	
NURS 3212 Teaching and Health Promotion	2		NURS 4154 Nursing Concepts: Child and Family	4	
NURS 3343 Pharmacology	3		NURS 4164 Professional Role Implementation IV: Tracker	4	
NURS 3314 Pathophysiology	4		NURS 4262 Management in Nursing	2	
NURS 3321L Health Assessment	1		NURS 4263 Nursing Concepts: Older Adult	3	
NURS 3422 Nursing Concepts: Foundations	2		NURS 4273 Professional Role Implementation V: Manager	3	
NURS 3424 Professional Role Implementation I: Caregiver	4			16	
	16				
-----			-----		
Semester II			Semester II		
NURS 3634 Nursing Concepts: Adult Health	4		NURS 4643 Nursing Concepts: Critical Care	3	
NURS 3643 Professional Role Implementation II: Caregiver	3		NURS 4413 Professional Role Implementation VI: Role Systems	3	
NURS 3742 Nursing Concepts: Mental Health and Ethics	2		NURS 4661 Nursing Concepts: Communities	3	
NURS 3752 Professional Role Implementation III: Caregiver	2		NURS 4612 Professional Role Implementation VII: Role Systems	3	
NURS 3841L Professional Nursing Skills - Advanced	1		NURS 4712 Seminar in Professional Nursing	2	
NURS 3842 Research in Nursing	2			16	
	14				
Note: This curriculum is subject to change without notice.					
Total for Bachelor of Science in Nursing: 124 credit hours					



IHS Scholarship Program Staff

Overview

This section describes key personnel involved with your scholarship award and includes their location and contact information. Submit your required reports and forms to the appropriate person and feel free to contact that person with any questions you might have. The IHS Scholarship Program staff has an interest in your success and is ready to help.

Go to the IHS Scholarship Program website at www.scholarship.ihs.gov for the most up-to-date contact information.



IHS Area Offices and Area Scholarship Coordinators

This section contains a complete list of the Indian Health Service Area offices and Area Scholarship Coordinators. The role of the Area Scholarship Coordinator is to serve as a resource within IHS for technical and programmatic questions, to monitor your academic performance and to assist you with the placement process.

Aberdeen Area IHS (Iowa, Nebraska, North Dakota, South Dakota)

Ms. Kim Annis
Federal Building, Room 309
115 Fourth Ave. SE
Aberdeen, SD 57401
Phone: (605) 226-7466
Fax: (605) 226-7321
kim.annis@ihs.gov

Alaska Area Native Health Services (Alaska)

Ms. Courtney Bridges
Alaska Native Tribal Health Consortium
4000 Ambassador Drive
Anchorage, AK 99508
Phone: (907) 729-1917
cbridges@anthc.org

Ms. Angelique Anderson
Alaska Native Tribal Health Consortium
4000 Ambassador Drive
Anchorage, AK 99508
Phone: (907) 729-1913
Fax: (907) 729-1335
aaanderson@anthc.org

Albuquerque Area IHS (Colorado, New Mexico)

Ms. Cora Boone
5300 Homestead Road NE
Albuquerque, NM 87110
Phone: (505) 248-4418 or (800) 382-3027
Fax: (505) 248-4257
cora.boone@ihs.gov

Bemidji Area IHS (Illinois, Indiana, Michigan, Minnesota, Wisconsin)

Mr. Tony Buckanaga
Federal Building, Room 115A
522 Minnesota Ave. NW
Bemidji, MN 56601
Phone: (218) 444-0486
Fax: (218) 444-0498
tony.buckanaga@ihs.gov

Billings Area IHS (Montana, Wyoming)

Mr. Delon Rock Above
PO Box 36600
2900 4th Ave. North, Suite 400
Billings, MT 59107
Phone: (406) 247-7100
Fax: (406) 247-7251
delon.rockabove@ihs.gov

California Area IHS (California, Hawaii)

Ms. Mona Celli
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814
Phone: (916) 930-3981 Ext. 311
Fax: (916) 930-3953
mona.celli@ihs.gov

Nashville Area IHS (Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia and West Virginia)

Ms. Gina Blackfox
711 Stewarts Ferry Pike
Nashville, TN 37214
Phone: (615) 467-1575
Fax: (615) 467-1587
gina.blackfox@ihs.gov

Navajo Area IHS (Arizona, New Mexico, Utah)

Ms. Aletha Jamie John
PO Box 9020
Window Rock, AZ 86515
Phone: (928) 871-1358
Fax: (928) 871-1383
aletha.john@ihs.gov

Contact Information

Oklahoma City Area IHS (Kansas, Oklahoma)

Ms. Larissa Walker
701 Market Drive
Oklahoma City, OK 73114
Phone: (405) 951-3970
Fax: (405) 951-3953
larissa.walker@ihs.gov

Phoenix Area IHS (Arizona, Nevada, Utah)

Ms. Melissa Ragels
Phoenix Area Indian Health Service
40 N. Central Ave., Suite 510
Phoenix, AZ 85004
Phone: (602) 364-5233
Fax: (602) 364-5176
melissa.ragels@ihs.gov

Portland Area IHS (Idaho, Oregon, Washington)

Ms. Laurie Veitenheimer
1414 NW Northrup Street, Suite 800
Portland, OR 97209
Phone: (503) 414-5548
Fax: (503) 414-5537
laurie.veitenheimer@ihs.gov

Ms. Eugenia Parker
1414 NW Northrup Street, Suite 800
Portland, OR 97209
Phone: (503) 414-7745
Fax: (503) 414-5537
eugenia.parker@ihs.gov

Tucson Area IHS (Arizona)

Ms. Melissa Ragels
Phoenix Area Indian Health Service
40 N. Central Ave., Suite 510
Phoenix, AZ 85004
Phone: (602) 364-5233
Fax: (602) 364-5176
melissa.ragels@ihs.gov

IHS Discipline Chiefs

The role of the IHS Discipline Chief of your particular health profession degree track is to monitor your academic performance in order to ensure your success in your health education. The Discipline Chief also assists you with extern and service obligation placements. Please refer to the following listing of Discipline Chiefs. You can also access information about specific personnel at www.ihs.gov/careers.

Associate Degree Nurse/Bachelor's Degree Nurse/ Pediatric Nursing/Geriatric Nursing/Psychiatric Nursing/ Women's Health Nursing/Registered Nurse Anesthetist/ Nurse Practitioner

TBD
Indian Health Service
801 Thompson Ave., TMP-450
Rockville, MD 20852

Clinical Psychology/Chemical Dependency Counseling/ Counseling Psychology

Dr. Rose Weahkee
Indian Health Service
801 Thompson Ave., Suite 300
Rockville, MD 20852
Phone: (301) 443-2038
rose.weahkee@ihs.gov

Coding Specialist/Medical Records

TBD
Indian Health Service
801 Thompson Ave., TMP-450
Rockville, MD 20852

Community/Public Health Education, BS degree

Ms. Mary Wachacha
IHS Health Education Program
PO Box 752
Cherokee, NC 28719
Phone: (828) 292-1175
mary.wachacha@ihs.gov

Dentistry/Dental Hygiene

CAPT Timothy Lozon
Acting Chief, Dental Program
Indian Health Service
801 Thompson Ave., Suite 300
Rockville, MD 20852
Phone: (301) 443-0029
timothy.lozon@ihs.gov

Dietetics/Public Health Nutrition

Ms. Jean Charles-Azure
Indian Health Service
801 Thompson Ave., Suite 300
Rockville, MD 20852
Phone: (301) 443-0576
jean.charles-azure@ihs.gov

Engineering/Biomedical Engineering/ Biomedical Technology

CAPT Carol Rogers
Indian Health Service
801 Thompson Ave., TMP-610
Rockville, MD 20852
Phone: (301) 443-1046
carol.rogers@ihs.gov

Environmental Health: Sanitation

CAPT Kelly Taylor
Indian Health Service
801 Thompson Ave., TMP-610
Rockville, MD 20852
Phone: (301) 443-1054
kelly.taylor@ihs.gov

Injury Prevention

Ms. Nancy Bill
Indian Health Service
801 Thompson Ave., TMP-610
Rockville, MD 20852
Phone: (301) 443-0105
nancy.bill@ihs.gov

Master of Public Health: Epidemiology

Dr. James A. Cheek
Division of Epidemiology
5300 Homestead Road NE, Room 3028
Albuquerque, NM 87110
Phone: (505) 248-4226
james.cheek@ihs.gov

Medical Technology

Ms. Nancy Hartmetz
Parker Indian Health Center
12033 Agency Road
Parker, AZ 85344
Phone: (928) 669-3226
nancy.hartmetz@ihs.gov

Optometry

CAPT Michael Candreva
Chief Clinical Consultant
Standing Rock IHS Hospital
10 N. Riva Road
Ft. Yates, ND 58538
Phone: (701) 854-3831
michael.candreva@ihs.gov

Pharmacy

CAPT Chris Watson
Director, Pharmacy
Indian Health Service
801 Thompson Ave., Suite 300
Rockville, MD 20852
Phone: (301) 443-4330
chris.watson@ihs.gov

Physical Therapy/Physical Therapy Assistant/ Occupational Therapy

LCDR Lori Lee
Physical Therapy Department
Crownpoint Comprehensive Health Care Facility
PO Box 358
Crownpoint, NM 87313
Phone: (505) 786-6290
Fax: (505) 786-5840
lori.lee@ihs.gov



Contact Information

Physician Assistant/Physician, Osteopath/ Physician, Allopath

Dr. Phillip Smith
Indian Health Service
801 Thompson Ave., TMP-450A
Rockville, MD 20852
Phone: (301) 443-4700
phillip.smith@ihs.gov

Podiatry

Dr. Eugene Dannels
Phoenix Indian Medical Center
4212 N. 16th Street
Phoenix, AZ 85016
Phone: (602) 263-1509 ext. 1279
eugene.dannels@ihs.gov

Radiology Technology/Ultrasonography

Mr. Richard Gwilt
Deputy Director, Medical Imaging Program
40 N. Central Ave., Suite 600
Phoenix, AZ 85004
Phone: (602) 364-5166
dick.gwilt@ihs.gov

Mr. Philip J. Noonan
Phoenix Indian Medical Center
4212 N. 16 Street
Phoenix, AZ 85015
Phone: (602) 263-1545
Fax: (602) 263-1627
philip.noonan@ihs.gov

Respiratory Therapy

Ms. Karen Chief-Onesalt
Chief of Respiratory Therapy
Phoenix Indian Medical Center
Respiratory Therapy Department
4212 N. 16th Street
Phoenix, AZ 85016
Phone: (602) 263-1565
karen.chief-onesalt@ihs.gov

Social Work

Mr. Bryan Wooden
Indian Health Service
801 Thompson Ave., Suite 300
Rockville, MD 20852
Phone: (301) 443-2038
bryan.wooden@ihs.gov

IHS Scholarship Program Branch Chief

The IHS Scholarship Program Branch Chief is responsible for the coordination of the programmatic aspects for the scholarship sections of P.L. 94-437, Title I and for the activities of the Area Scholarship Coordinators. Additionally, the IHS Scholarship Program Branch Chief serves as the authority on programmatic issues and decisions. The contact and mailing address is:

CAPT Dawn A. Kelly
IHS Scholarship Program Branch Chief
801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048
dawn.kelly@ihs.gov

IHS Scholarship Program Analysts

The IHS Scholarship Program analysts are responsible for the coordination of the various scholarship program functions and processes. As part of this responsibility, they work with you to ensure compliance with your obligations and/or liabilities. The analysts monitor the deferment and completion of your service obligations. In addition to these duties, analysts work with the Division of Grants Operations on matters dealing with payments, applications/awards and related processing. The analysts track and record data pertaining to you and monitor your academic progress to ensure compliance while you are in school. Analysts maintain ongoing communications with the Area Scholarship Coordinators as well as with other IHS components, governmental agencies and Tribal organizations. The mailing address and phone number is:

801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048

Default Waiver Coordinators

The Default Waiver Coordinators monitor the default/waiver functions of the IHS Scholarship Award Program. The contacts and mailing addresses are:

Dr. Raymond Lala
801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-4242
Fax: (301) 443-1071
raymond.lala@ihs.gov

Mr. Michael Berryhill
801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-4242
Fax: (301) 443-6038
michael.berryhill@ihs.gov

IHS Scholarship Program Extern Coordinator

The IHS Scholarship Program Extern Coordinator is responsible for the IHS Extern Program. The coordinator verifies and reconciles data on all externs by IHS Area office. The coordinator also establishes and maintains cooperative and ongoing communications with Area Scholarship Coordinators as well as other IHS components, government agencies and Tribal organizations to ensure that externs are in compliance with IHS Scholarship Program requirements. The contact and mailing address is:

Ms. Vickye Santiago
801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-6197
Fax: (301) 443-6048
vickye.santiago@ihs.gov

Chief Grants Management Officer

The Chief Grants Management Officer is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility. The contact and mailing address is:

Ms. Tammy Bagley
Acting Director, Chief Grants Management Officer
801 Thompson Ave., Suite 360
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 443-5804
tammy.bagley@ihs.gov

IHS Grants Scholarship Coordinator/ Management Specialist

The IHS Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These include application distribution, obligation of stipends, award notifications, and payment of invoices and monthly stipends. The contacts and mailing addresses are:

Mr. Bernard Covers Up (Recipient last name A through L)
801 Thompson Ave., Suite 360
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 480-1091
bernard.coversup@ihs.gov

Mr. Craig Boswell (Recipient last name M through Z)
801 Thompson Ave., Suite 360
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 480-1091
craig.boswell@ihs.gov

Health Professions Support Branch Chief

The Health Professions Support Branch Chief is responsible for coordination of recruitment and retention for the Indian Health Service. The contact and mailing address is:

Dr. Raymond Lala
801 Thompson Ave., TMP-450
Rockville, MD 20852
Phone: (301) 443-4242
Fax: (301) 443-1071
Raymond.lala@ihs.gov



Your Health Career Starts Here

INDIAN HEALTH SERVICE
801 Thompson Ave., Suite 120
Rockville, MD 20852

IHS Scholarship Program Phone: (301) 443-6197
Division of Grants Operations Phone: (301) 443-0243

www.scholarship.ihs.gov

