

**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
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