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

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

EF

PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM

See Estimated Average Burden Time per Response on Reverse Side.

	NARRATIV	E STATEMENTS	l	
APPLICANT'S NAME		SOCIAL SECURITY NUMBE	R	
DEGREE TRACK	IHS AREA OFFICE		EMAIL ADDRESS	
Explain why you are requesting this so	 cholarship**			
State your career goals**				
Explain how these goals will help to m	eet the health nee	ds of the Indian people	**	
**If more space is required, use additional sheets of 8 additional sheets to this form.	1/2" x 11" paper. Write you	r name and social security numb	er on each additional sh	eet of paper. Securely attach

IHS-856-4