

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
ANNUAL STATUS REPORT**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
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ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
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DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
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ASSIGNMENT: Indian Health Service Urban Indian Health Program
 Private Practice Tribal Facility

NAME OF FACILITY _____

ADDRESS _____

MY CURRENT POSITION TITLE: _____

HEALTH PROFESSION DEGREE TRACK (when funded by the IHS Scholarship Program): _____

ENTRY-ON-DUTY DATE: _____

YEARS REMAINING OF SERVICE OBLIGATION: _____

(ATTACH TO THIS REPORT A COPY OF YOUR **PERSONNEL ORDERS** OR **SF-50** AND A COPY OF YOUR CURRENT POSITION DESCRIPTION.)

NON-IHS EMPLOYEES MUST ATTACH A SUMMARY WHICH IDENTIFIES THE PURPOSE, MISSION OR NATURE OF THE EMPLOYING ORGANIZATION AND THE POPULATION SERVED BY THE ORGANIZATION.

COMMENTS: _____

EMPLOYEE'S SIGNATURE	DATE
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SUPERVISOR'S TITLE (Print)	PHONE
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SUPERVISOR'S SIGNATURE	DATE
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Return to:
IHS Scholarship Program
Attn: Program Analyst
801 Thompson Ave., Suite 120
Rockville, MD 20852

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee