

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
LOST STIPEND PAYMENT**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

Attention Grants/Financial Management:

I did not receive my Electronic Funds Transfer (EFT) in the amount of \$ _____ for
the month of _____. I believe the EFT was not received for the following reason:

Please trace and reissue as soon as possible.

RECIPIENT'S SIGNATURE	DATE
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Return to:
IHS Division of Grants Operations
Attn: Grants Scholarship Coordinator
801 Thompson Ave., Suite 120
Rockville, MD 20852

Reviewed (IHS use only): _____
Grants Scholarship Coordinator