

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTICE OF IMPENDING GRADUATION**

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

**GRADUATION DATE** (month/day/year): \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**TYPE OF DEGREE:** \_\_\_\_\_

Have you reviewed the IHS vacancies database?  Yes  No

Have you applied for placement at an IHS, Tribal or Urban facility?  Yes  No

Have you contacted your IHS Discipline Chief?  Yes  No

Do you need assistance seeking placement to fulfill your service obligation?  Yes  No

**COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

RECIPIENT'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