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 NOTICE OF IMPENDING GRADUATION

NOTICE OF IMPENDING GRADUATION				
RECIPIENT'S NAME		SOCIAL SECURITY NUMBE	ER .	
ADDRESS			PHONE: CELL  HOME	
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:				
RECIPIENT'S SIGNATURE				DATE
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  IHS-856-13  EF				