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 NOTIFICATION OF DEFERMENT PROGRAM

RECIPIENT'S NAME SOCIAL SECURITY NUMBER				
THEOR ILIAT O INCIVIL		SOUNL SECONITY NOWING	-! 1	
ADDRESS			PHONE: CELL HOME	
DEGREE TRACK	IHS AREA OFFICE		EMAIL ADDRESS	
	otifies the IHS Scholarship		deferment program, the Public Health Service Ac	.+
ii approved tiils wiii delay tri	e service obligation incurre	ed under Section 555-A of	the Fublic Health Service Ac	·t.
POST-GRADUATE CLINICAL TRAINING	G PROGRAM:			
PROGRAM DIRECTOR (Name):				
PROGRAM ADDRESS:				
City			State	Zip Code
Phone	Email Address			
LENGTH OF PROGRAM:				
Start Date			End Date	
DATE AVAILABLE TO BEGIN SERVICE	OBLIGATION:			
	EMEROENOV CON	TA OT INFORMATIO		
NAME	EMERGENCY CON	TACT INFORMATIO	N 	
IVAIVIL				
ADDRESS			PHONE: CELL HOME	
CITY		STATE		ZIP CODE
RECIPIENT'S SIGNATURE				DATE
		urn to:		
IHS Scholarship Program Attn: Program Analyst				
	801 Thompsor	n Ave., Suite 120		
	Rockville,	MD 20852		
Reviewed (IHS use only): Analyst, Branch Chie	f or Docignoo	Approved	(IHS use only):	
	I OI DESIGNEE			
IHS-856-14				EF