

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
NOTIFICATION OF DEFERMENT PROGRAM**

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

This document notifies the IHS Scholarship Program of your selected deferment program,
if approved this will delay the service obligation incurred under Section 338-A of the Public Health Service Act.

POST-GRADUATE CLINICAL TRAINING 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: _____

EMERGENCY CONTACT INFORMATION

NAME		
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CITY	STATE	ZIP CODE

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

Approved (IHS use only): _____