

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
PLACEMENT UPDATE**

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

SITE PLACEMENT

HAVE YOU BEEN PLACED AT AN APPROVED IHS, TRIBAL OR URBAN FACILITY? Yes No

If yes, provide the:

NAME OF FACILITY: _____

POSITION TITLE: _____

START DATE: _____

If no, please attach documentation of your efforts to secure placement (e.g., proof of application/rejection). You must submit another Placement Update form in 30 days providing further information on your efforts to begin your service obligation.

If you have reached the 90 day limit and have not accepted placement at one of your preferred sites, or cannot find employment, the Director of IHS may involuntarily place you at an Indian health facility based on the needs of the IHS.

GRADUATION DATE: _____

COLLEGE/UNIVERSITY: _____

DEGREE OBTAINED: _____

NOTE: You should have already submitted these forms to your IHS Scholarship Program analyst:

OF 612 – Optional Application for Federal Employment or Commissioned Corps Application (PHS Form 50)

Preferred Placement (IHS-856-12)

POSITIONS APPLIED FOR (REJECTION LETTERS ATTACHED):

Vacancy Announcement No./Title/Location: _____

Vacancy Announcement No./Title/Location: _____

Vacancy Announcement No./Title/Location: _____

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