

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
EXTERN SITE PREFERENCE REQUEST**

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

I AM APPLYING TO: CIVIL SERVICE COSTEP PROGRAM
ARE YOU AN IHS SCHOLARSHIP PROGRAM RECIPIENT? YES NO
PROJECTED GRADUATION DATE: _____ CURRENT GPA: _____
COLLEGE/UNIVERSITY: _____
DATES AVAILABLE FOR EXTERN ASSIGNMENT: FROM _____ TO _____
DESCRIBE THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

EXTERN SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERN ASSIGNMENT:

- | | | |
|-------------------|------------------|-----------------|
| _____ Aberdeen | _____ Billings | _____ Okla City |
| _____ Albuquerque | _____ California | _____ Phoenix |
| _____ Anchorage | _____ Nashville | _____ Portland |
| _____ Bemidji | _____ Navajo | _____ Tucson |

INDICATE YOUR PREFERRED IHS OR TRIBAL HOSPITAL/CLINIC FOR EXTERNSHIP:

- (1) _____ (2) _____
(3) _____ (4) _____

COMMENTS: _____

SIGNATURE	DATE
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Return the completed form to the Area Scholarship Coordinator at the IHS Area Office
where you are requesting your extern assignment (visit www.scholarship.ihs.gov for the most up-to-date contact information).

Reviewed (IHS use only): _____
Extern Coordinator, Branch Chief or Designee