

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

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

BACKGROUND

DEGREE TRACK: _____
GRADUATION DATE: _____
DEGREE OBTAINED: _____
COLLEGE/UNIVERSITY: _____
DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: _____

MY SERVICE OBLIGATION IS FOR A PERIOD OF (Circle one): 2 3 4 YEARS.

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

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

INDICATE YOUR PREFERRED IHS, TRIBAL OR URBAN HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:

- (1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

I understand that IHS Scholarship Program officials must approve my placement and position at my chosen Indian health facility. The Director, IHS has the right to make the final decision regarding placement if I have not selected an Indian health facility at which to fulfill my contractual service obligation within 90 days of graduation or completion of training.

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