

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No. 0917-0006  
Exp. Date: 9/30/2007

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM  
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR  
SELECTION AS A SCHOLARSHIP RECIPIENT.  
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH	EMAIL ADDRESS

Please indicate your acceptance or decline of an Indian Health Service Scholarship award by checking the appropriate space below. Scholarship award will not be issued until this form is completed and returned.

- I accept the scholarship award for the 2008-2009 school year.
- I decline the scholarship award for the 2008-2009 school year.

If you accept the award, you must immediately provide us below with your permanent recipient mailing address to which correspondence will be sent during the entire first year of scholarship funding.

Please complete the following information.

POST OFFICE BOX NUMBER / STREET ADDRESS		
CITY	STATE	ZIP CODE

- Please note this is a change of address:

Complete this form and return immediately to:

Indian Health Service  
801 Thompson Avenue, Suite 450  
ATTN: Grants Scholarship Coordinator  
Rockville, Maryland 20852

If you have any questions, please contact your Area Scholarship Coordinator.

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SELECTION AS A SCHOLARSHIP RECIPIENT.  
DO NOT MAIL THIS FORM WITH YOUR APPLICATION SUBMISSION.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917-0006).

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