



# Application Handbook

*Your Health Career Starts Here*





## Dear Scholarship Applicant:

Thank you for your interest in the Indian Health Service Scholarship Program. You have already taken the first steps toward your future by furthering your education, envisioning your career and setting goals. It's just the beginning. The IHS Scholarship Program can help you move closer to realizing the future you envision for yourself.

The first IHS scholarship was awarded in 1977. Since then, millions of dollars have been awarded to American Indian and Alaska Native students to help them reach their career goals and dreams, while helping IHS to fulfill its mission: to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. You can help with that mission by traveling a path that brings you opportunity, adventure and a sense of personal fulfillment, working in an Indian community where you're really needed — perhaps your own community.

This booklet contains information on the IHS Scholarship Program, application forms, a step-by-step explanation for completing the application, and a convenient checklist to assist you with the application. Please write or call the program if you have any questions about the scholarships or the application process.

On behalf of the Indian Health Service, we greatly appreciate your interest in serving your fellow American Indian and Alaska Native people.

**[Robert's signature]**

Robert E. Pittman, R.Ph., M.P.H.  
Rear Admiral, USPHS  
Assistant Surgeon General  
Director, Division of Health Professions Support

## Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance.”

Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

## Privacy Act Notice

### General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

### Authority

Sections 751-757 of the Public Health Service Act and Sections 102 and 104 of the Indian Health Care Improvement Act (IHCA) (P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, and 1996 (P.L. 100-713, P.L. 102-573 and P.L. 704-313).

### Purposes and Uses

The purpose of the Indian Health Service Scholarship Program is to obtain health professionals to meet the staffing needs of Indian health programs in health manpower shortage areas.

The information you supply will be used to evaluate your qualifications and suitability for participation in the IHS Scholarship Program. Selections are made on a competitive basis. A recipient’s application and related data are made part of the file to be used within the Department of Health and Human Services for record-keeping and participant management while the recipient is in the program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office, and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending, and the date of graduation, may be made available to health professions associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources, and to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research. You are asked to provide your Social Security number on a voluntary basis. Should you not provide this information and you are awarded a scholarship, you will be required to provide it later for purposes of payroll and payments of scholarship benefits to you.

### Effects of Non-Disclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security number, an application will be considered incomplete and chances for selection will be diminished.

#### Application Deadline

The application deadline is March 28. All application materials must be postmarked by the IHS Scholarship Program office by this date. Meeting the deadline is your responsibility. No extensions will be granted. It is to your advantage to submit with your application all the forms and documents that may be required.

### An Important Reminder

IHS Scholarship opportunities are *highly* competitive and there are no guarantees that you will receive an award. If you are applying for any of the IHS scholarships, you should continue your efforts to obtain financial aid from other sources as well.



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# The IHS Scholarship Programs Application Handbook







# The IHS Scholarship Programs

Scholarships	Disciplines	American Indian and Alaska Native Eligibility	Service Obligation	Years of Funding
<p><b>Health Professions Preparatory</b> IHCA Section 103 (b) (1) Undergraduate Only</p>	<ul style="list-style-type: none"> <li>• Pre-Nursing — Courses leading to a BS in nursing</li> <li>• Pre-Medical Technology — Courses leading to a BS in medical technology</li> <li>• Pre-Pharmacy — Courses leading to a PharmD degree in pharmacy</li> <li>• Pre-Dietetics — Courses leading to a BS degree in dietetics</li> <li>• Pre-Social Work — Juniors and seniors preparing for a Master of Science (MS) in social work</li> <li>• Pre-Physical Therapy — Juniors and seniors preparing for an MS degree in physical therapy</li> <li>• Pre-Engineering — Courses leading to a BS degree in engineering</li> <li>• Pre-Sanitarian (Environmental Health)</li> <li>• Pre-Occupational Therapy</li> <li>• Pre-Clinical Psychology — Junior and senior undergraduate years</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Descendents and members of federally or state recognized Tribes are eligible.	None	2
<p><b>Health Professions Pre-Graduate</b> IHCA Section 103 (b) (2) Undergraduate Only</p>	<ul style="list-style-type: none"> <li>• Pre-Dentistry</li> <li>• Pre-Medicine</li> <li>• Pre-Podiatry</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Descendents and members of federally or state recognized Tribes are eligible.	None	4
<p><b>Health Professions</b> IHCA Section 104 Undergraduate &amp; Graduate Level</p>	<ul style="list-style-type: none"> <li>• Chemical Dependency Counseling — Bachelor's and master's degrees</li> <li>• Clinical Psychology — PhD program</li> <li>• Coding Specialist — Certificate</li> <li>• Dentistry — DDS or DMD degree</li> <li>• Dental Hygienist — BS degree</li> <li>• Diagnostic Radiology — Technology certificate, associate's degree and BS</li> <li>• Dietician — BS degree</li> <li>• Environmental Health and Engineering — BS degree</li> <li>• Health Care Administration — BS and master's degrees</li> <li>• Health Education — BS and master's degrees</li> <li>• Health Records Administration — Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA )</li> <li>• Injury Prevention Specialist — Certificate</li> <li>• Medical Technology — BS degree</li> <li>• Medicine — Allopathic and osteopathic doctor degrees</li> <li>• Nurse — Degrees: Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN) Specialties: Certified Registered Nurse Anesthetist (CRNA), GER, Nurse Practitioner (NP), PED, PSY, WH</li> <li>• Occupational Therapy — BS degree</li> <li>• Optometry — OD degree</li> <li>• Pharmacy — PharmD degree</li> <li>• Physician Assistant — Certified Physician Assistant (PAC)</li> <li>• Physical Therapy — MS and Doctor of Physical Therapy (DPT) degree</li> <li>• Physical Therapy Assistant — Associate degree</li> <li>• Podiatry — DPM</li> <li>• Public Health — Master of Public Health (MPH) with concentration in epidemiology only</li> <li>• Public Health Nutrition — Master's degree</li> <li>• Respiratory Therapist — Associate's degree</li> <li>• Social Work — Master's degree with concentration in mental health</li> <li>• Ultrasonography — BS/Certification with completion of prerequisite Diagnostic Radiology Technology</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Members of federally recognized Tribes are eligible.	1 year of service per year of support for scholarship received (minimum of two years)	4

**An Important Reminder**  
IHS Scholarship opportunities are highly competitive and there are no guarantees that you will receive an award. If you're applying for any of the IHS scholarships, continue your efforts to obtain financial aid from other sources as well.

In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (Public Law 94-437), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

To help accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992 and 1996 authorize the Indian Health Service (IHS) to conduct three interrelated scholarship programs, for American Indian and Alaska Native students, to train the health professionals necessary to staff IHS health programs and other health programs serving the Indian people.

You must submit documentation of American Indian/Alaska Native eligibility when you apply. Please see page 14 for further details.

## Preparatory Scholarship Program

The Preparatory Scholarship Program provides financial assistance for American Indian and Alaska Native (federally or state-recognized) students only to enroll in compensatory or preparatory courses in preparation for entry to health professional schools, such as medical, nursing, pharmacy and others as needed. Compensatory courses are those required to improve science, mathematics or other basic skills and knowledge. Preparatory courses are pre-professional studies required in order to qualify for admission to a health professions program.



## Pre-Graduate Scholarship Program

The Pre-Graduate Scholarship Program provides financial support for American Indian and Alaska Native (federally or state-recognized) students only to enroll in courses leading to a bachelor degree in specific pre-professional areas, such as pre-medicine, pre-dentistry and others as needed by Indian health programs.

## Health Professions Scholarship Program

The Health Professions Scholarship Program is for American Indian and Alaska Native (federally recognized only) students enrolled in health professions and allied health professions programs. Students incur service obligations and payback requirements on acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified.

# Preparatory Scholarship Program Details

## Priority Health Career Categories

To be considered for Preparatory Scholarship support during this scholarship cycle, you must be accepted by or enrolled in a college or university beginning in the fall term of this year in a priority career category. Health career categories given priority for scholarship awards change yearly, depending on Indian health program staffing needs. Please visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) to view this year's priority list.

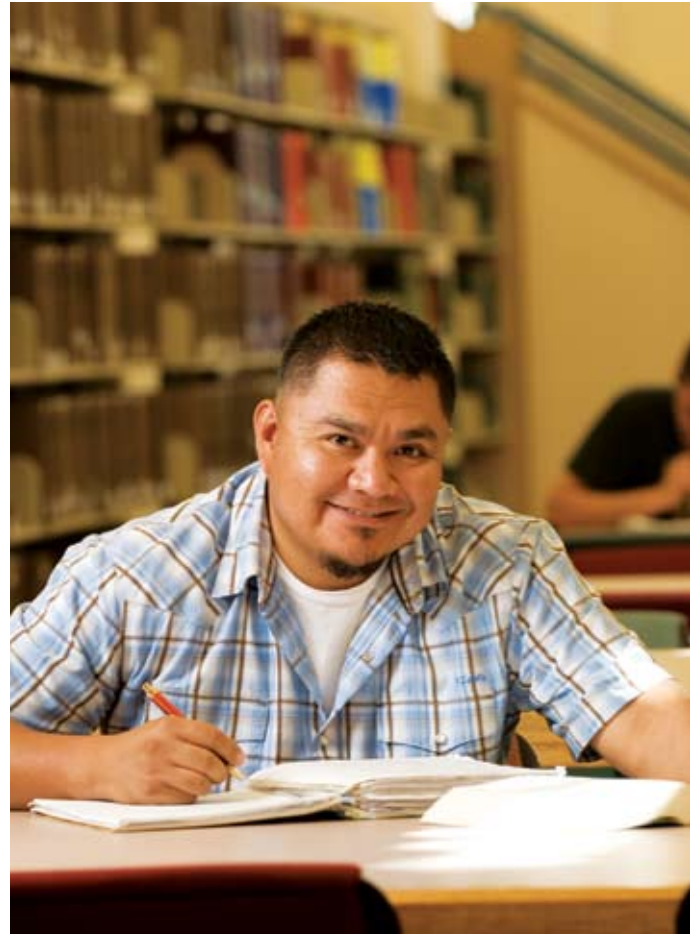
## Specific Requirements for the Preparatory Scholarship

Opportunities are available for American Indian and Alaska Native (federally or state-recognized) students. Applicants must meet the following requirements:

- » High school graduate, or equivalent
- » Capable of completing a health professions course of study
- » Enrolled or accepted for enrollment in a compensatory/pre-professional general education course or curriculum
- » Intend to serve Indian people as a health care provider in your chosen discipline or specialty
- » Provide a course curriculum outline, advisor-signed and approved, covering your major from first year to completion (at least 12 credit hours per semester/quarter for full-time, or six to 11 credit hours for part-time) and verifying that the courses are preparatory to enrollment in your chosen health professional program or are required to meet any educational deficiency and compensatory needs at the pre-professional level.

## Support

Scholarship support is paid for ten months each academic year, and is available for up to two academic years full-time or four academic years part-time. Support covers costs of compensatory and pre-professional education that enables the student to qualify for enrollment or reenrollment in a health professions school (i.e., freshman and sophomore years of study leading to a bachelor's degree in a priority health profession, or the last two years of undergraduate study required for entry into graduate professional school). To receive priority consideration



for additional periods of scholarship support, students must meet the continued eligibility requirements and be recommended for continuation by their IHS discipline chief.

## Continuation Eligibility

To remain eligible for continued Preparatory Scholarship funding, students must apply annually and meet the following continued eligibility criteria:

- » Be in good academic standing in their program
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Remain full-time or part-time during the current academic year

# Pre-Graduate Scholarship Program Details

## Priority Health Career Categories

To be considered for Pre-Graduate Scholarship support during this scholarship cycle, you must be accepted by or enrolled in a college or university beginning in the fall term of this year in a bachelor degree program leading to entry into an accredited professional school in a priority career category. IHS Pre-Graduate Scholarships are awarded based on the health professional staffing needs of Indian health programs. Categories may change from year to year, but typical priorities can include pre-medicine, pre-dentistry and pre-podiatry. Priority is given to undergraduate juniors and seniors, while freshmen and sophomores will receive awards if remaining funds are available. Please visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) to view this year's priority list.

## Specific Requirements for the Pre-Graduate Scholarship

Opportunities are available for American Indian and Alaska Native (federally or state-recognized) students. Applicants must meet the following requirements:

- » High school graduate, or equivalent
- » Capable of completing a health professions course of study
- » Enrolled or accepted for enrollment in a pre-professional bachelor degree program, or equivalent
- » Intend to serve American Indian and Alaska Native people as a health care provider in your chosen discipline or specialty
- » Provide a course curriculum outline, signed by a school official (preferably your advisor), covering your major from first year to completion (at least 12 credit hours per semester/quarter for full-time, or six to 11 credit hours for part-time) and verifying that the coursework being taken is required for an undergraduate curriculum leading to a bachelor's degree in a pre-professional program that will prepare you for acceptance into a school of medicine or dentistry upon its completion.

## Support

Pre-Graduate scholarship support is paid for ten months each academic year, for up to four academic years full-time or eight academic years part-time, for studies leading to enrollment in an accredited professional school. Only those students who meet the continuation eligibility criteria will be given priority consideration for additional periods of support.

## Continuation Eligibility

To remain eligible for continued Pre-Graduate Scholarship funding, students must apply annually and meet the following continued eligibility criteria:

- » Be in good academic standing in their pre-graduate program
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Remain full-time or part-time during the current academic year

# Health Professions Scholarship Program Details

## Priority Health Career Categories

To be considered for Health Professions Scholarship support during this scholarship cycle, you must be accepted by or enrolled in a college or university professional school beginning in the fall term of this year in a priority career category. Health career categories given priority for scholarship awards changes yearly, depending on Indian health program staffing needs. Please visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) to view this year's priority list.

## Specific Requirements for the Health Professions Scholarship

Opportunities are available for American Indian and Alaska Native (federally recognized only) students. Applicants must meet the following requirements:

- » High school graduate, or equivalent
- » Enrolled or accepted for enrollment in a full- or part-time study program in a priority category leading to a degree from a health-related professions school within the US
- » Sign a contract to practice at an Indian health program priority site — one year of service for each year of scholarship support
- » If a part-time student, submit documentation showing that school and course curriculum allows part-time status
- » Will receive degree in no more than four years from time of application
- » Submit course curriculum for your major from first year to completion

## Support

Health Professions Scholarships are awarded for a one-year period (12 months of support), with re-application required for each year of continuation. Stipends are paid for the 12-month period beginning each year from August 1 through July 31 for health and allied health professional education up to four years (full-time) or up to eight years (part-time). To receive priority consideration for each year of scholarship support, students must meet the continuation eligibility requirements and be recommended for continuation.

## Continuation Eligibility

To remain eligible for continued Health Professions Scholarship funding, students must apply annually and meet the following continued eligibility criteria:

- » Maintain an overall 2.0 grade point average in their chosen health/allied health professions curriculum
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full-time), or six to 11 credit hours (part-time)
- » Submit a letter from the program director verifying the full-time or part-time status of that institution's health and allied health program

## Scholarship Program Contract (For Health Professions Applicants Only)

A signed Indian Health Service Scholarship Program Contract (Form IHS-818) must be submitted with your application. By signing, you are agreeing to acceptance of funds (if you're selected) and to perform a service obligation with IHS after graduation of one year for each year of scholarship support received (or the part-time equivalent), with a two-year minimum service period. To fully understand this obligation, please read the contract carefully before signing and submitting.

Your obligations are defined in the contract's Section B — Obligations of the Applicant.

You may be liable for breach of contract if you fail to maintain an acceptable level of academic standing in course studies, or fail to begin or complete obligated service under the contract. See IHS Scholarship Program Contract: Section C — Breach of Scholarship Contract.



# Health Professions Scholarship Program Details continued

## Service Obligation

Health Professions Scholarship Program recipients incur a service obligation of 1 year for each year of scholarship support received (or the part-time equivalent) with a minimum service period of 2 years. After graduation, your active duty service obligation is fulfilled, as designated by the Director of IHS, in one of the following areas:

- » Indian Health Service (IHS)
- » A Tribal health program (contracted under the Indian Self-Determination Act [P.L. 93-638])
- » An Urban Indian health program (assisted under Title V — Health Services for Urban Indians, of the Indian Health Care Improvement Act [P.L. 94-437]) ,or
- » Private practice in a designated health professional shortage area addressing the health care needs of 51 percent of Indians in that area.

You can also elect to fulfill the service obligation in one of the above areas that is located on the reservation of the tribe or serves the tribe in which the recipient is enrolled.

Assignment opportunities are reviewed with students and approved early in the final school year. The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

Although the ultimate responsibility for seeking a position is the Health Professions Scholarship recipient's, the IHS Scholarship Program staff and IHS Discipline Representatives are available to assist with and facilitate placement. Please visit [www.careers.ihs.gov](http://www.careers.ihs.gov) for more information.

According to the Indian Health Care Improvement Act and the Public Health Service Act, the active duty service obligation must be served in full-time (40 hours per week) clinical practice. You will have an opportunity to find placement to serve your active duty service obligation, consistent with the statutory mandates listed above. However, if there is a difficulty in placement, you may be assigned to an IHS geographic area where there is an existing need.

## Employment Options

Before the service obligation begins, Health Professions Scholarship participants will be given information on the two personnel systems used by IHS: the US Public Health Service (USPHS) Commissioned Corps and the Federal Civil Service. For Tribal hire information regarding Indian Self-Determination Act (P.L. 93-638) programs or Title V Urban programs, you may contact those programs directly. The Indian Health Service Scholarship Program staff is also available for placement assistance.

## Deferments

### Post-Graduate Training

Health Professions Scholarship recipients may request deferment of their service obligation for further training. Detailed information on this procedure is given in the spring of your senior year and is outlined below. As an IHS scholarship obligated graduate, it is your responsibility to familiarize yourself and comply with the information bulletin and instruction you will receive. Failure to do so may result in non-approval of your deferment request.

Deferment of the service obligation is intended to permit scholarship recipients to complete approved graduate clinical training programs (i.e., those programs of graduate clinical training which fulfill the requirements for board certification and have been approved by the appropriate certifying boards, as determined by the Secretary, Department of Health and Human Services). Training which fulfills the requirements for board certification is considered by the IHS Scholarship Branch to be the graduate clinical training and years of practice required by the appropriate American specialty board for the candidate to be board certified.

To be eligible to serve with IHS as an allopathic or osteopathic physician, graduates must complete at least one year in an approved graduate clinical training program. Completion of post-graduate training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled. Scholarship recipients who elect to serve after only one year of graduate clinical training will compete with board eligible practitioners for a limited number of vacancies and may experience difficulty in identifying assignments in which to serve. Therefore, in order to become fully qualified practitioners, graduates are encouraged to complete training in an approved specialty.



- » To be eligible to serve with the IHS as a licensed social worker, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To be eligible to serve with the IHS as a licensed clinical psychologist, and before they can sit for licensure boards, graduates must complete two years of clinical experience under a licensed practitioner. This requirement may vary based upon geographic location.
- » To serve with IHS as a registered pharmacist, graduates may elect to complete one additional year of training in an ASHP accredited pharmacy residency program.

**Note:** No period of internship, residency or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under Section 104 (b)(3)(A) of the IHCA, P.L. 94-437, as amended.

# General Eligibility Requirements for All Applicants

The following are general eligibility requirements for students applying for any one of the three IHS scholarship programs. Applicants must meet both the general requirements and the specific requirements listed for the individual scholarship program they are applying for in order to be considered. The detailed description for each separate scholarship program lists the specific requirements for that program.

## Citizenship

You must be a citizen of the United States at the time you apply for an IHS scholarship award. Permanent resident aliens and other aliens are not eligible to apply.

## Documentation of American Indian/Alaska Native Eligibility

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432 with your application. You must use BIA Certification: Form 4432, as follows:

- » **American Indian:** Category A — Members of Federally Recognized Tribes, Bands or Communities
- » **Alaska Native:** Category D — Alaska Native

In the absence of BIA certification, provide documentation that you meet requirements of tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the tribe and have been officially designated as a tribal member as evidenced by an accompanying document signed by an authorized tribal official, or other evidence of tribal membership satisfactory to the Secretary of the Interior.

If you are a member of a tribe terminated since 1940 or a state-recognized tribe, provide official documentation that you meet the requirements of tribal membership as prescribed by the charter, articles of incorporation or other legal instrument of the tribe and have been officially designated as a tribal member as evidenced by an accompanying document signed by an authorized tribal official; or other evidence, satisfactory to the Secretary of Interior, that you are a member of the tribe. In addition, if the terminated or State recognized tribe of which you are a member is not on a list of such tribes published by the Secretary of Interior in the Federal Register, you must submit an official signed document that the tribe has been terminated since 1940 or is recognized by the state in which the tribe is located in accordance with the law of that state.

If you are not a tribal member but are a natural child or grandchild of a tribal member, you must submit: (1) evidence of that fact, i.e., your birth certificate and/or your parent's birth certificate showing the name of the tribal member; and (2) evidence of your parent's or grandparent's tribal membership in accordance with the paragraphs above. The relationship to the tribal member must be clearly documented.

**NOTE:** If you meet the criteria of a terminated tribe or are a descendent, you are only eligible for the Preparatory or Pre-graduate Scholarships.

## Complete and Eligible Application

Eligible applicants must submit complete their applications by the deadline date to be considered for any IHS scholarship award. Please see the How to Apply section on page 19 for further instructions on completing your application.

# How Participants Are Selected

IHS Scholarship Program awards are made on a competitive basis to eligible students who meet certain selection criteria. During the selection process, students are ranked with their peers — juniors with juniors and seniors with seniors, for example — for each priority health career category. The amount of funds available each year determines the number of students in each class year's list that are selected for awards.

Applications from students in each of the health profession priorities are reviewed and rated using the following three criteria. Points totaling 100 are assigned as indicated for each criteria.

## **Academic Performance** (40 pts.)

Applicants are partially rated according to their academic performance, based on official transcripts and faculty evaluations. If it is your school's policy to not rank students academically, faculty members are asked to provide a personal judgment of your achievement.

*Health Profession Scholarship Program applicants only:* You must have a cumulative GPA of 2.0. If your GPA is below this minimum standard, your application will not be reviewed.

## **Faculty, Employer and Tribal Recommendations** (30 pts.)

Applicants are partially rated according to faculty, employer and Tribal recommendations regarding the applicant's potential in their chosen health-related profession.

## **Stated Reasons for Asking for the Scholarship and Stated Career Goals** (30 pts.)

You are asked to explain why you are requesting the scholarship, to state your career goals, and to explain how these goals will help to meet the health needs of American Indian and Alaska Native people. You must provide a brief written explanation of your reasons for asking for the scholarship and a description of your career goals. The narratives weigh heavily toward your rating and are judged by the review committee on how well they are written.

**Needs of Indian Health Programs and How the Applicant's Career Goals Relate to Those Needs** — Individuals who apply for health career categories not listed as priorities during the scholarship cycle under review will not be considered.

## Ranking Procedures

Eligible applicants with complete applications within each career category are reviewed and rated as described above. The scores are determined for each application and a rank order listing is developed for each priority health career category, beginning with the highest- and ending with the lowest-rated application. A cut-off score is determined based on the health professional needs of the Indian health programs, and on the amount of funding available.

## Selection Priorities

Priority consideration for funding will be given to:

- » Applicants who provide documentation of American Indian/Alaska Native eligibility (See page 14)
- » Students currently enrolled in a health profession program who are performing satisfactorily (2.0 GPA average) and require continued scholarship support
- » Current recipients of the Health Professions Preparatory Scholarship Program or the Health Professions Pre-Graduate Scholarship who have completed their coursework under these programs, are entering a health professions school and are applying in the priority health career categories (See page 11)
- » New applicants who are highly rated and ranked competitively according to the selection criteria (See page 33)
- » Participants entering their fourth and third year of school, in that order. Applicants entering their first or second year will be considered only if an insufficient number of fourth- and third-year students qualify.

# Program Benefits

The level of IHS Scholarship Program benefits is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States and, therefore, is subject to change each year.

## Stipend for Student Living Expenses

The estimated stipend amount for student living expenses, including room and board, will be no less than \$1,250 and will be deposited at the end of each month. This amount is pro-rated for part-time students. Each scholarship recipient will receive an award letter specifying the total dollar amount for the award.



Health Professions Scholarship recipients will receive a stipend for the 12-month period beginning August 1 through July 31. The first stipend checks will be electronically transmitted via direct deposit to their bank accounts from the Treasury Department at the end of the month of August.

Health Preparatory and Health Professions Pre-Graduate Scholarship recipients will receive a stipend for only the academic period covered by their awards: August 1 to May 31. The first stipend checks will be electronically transmitted via direct deposit to their bank accounts from the Treasury Department at the end of the month of August. Stipends for the months of June and July will be paid only to those students who have requested to attend summer sessions and have been approved in advance to do so.

## Payment of Tuition and Required Fees

IHS makes direct payment to the scholarship recipient's school for tuition and required fees for the school year. Summer school is excluded unless specifically requested and approved in advance. IHS will officially notify the school of the scholar's participation in the IHS Scholarship Program. Until the school receives billing instructions, this notification of award authorizes the school to bill IHS directly for tuition and required fees during the first week of October.

IHS pays for tuition and fees directly applicable to the student's approved curriculum and program. Payment will not be made for tuition and fees unrelated to the approved program, for membership dues for student societies, associations and similar expenses, or for school terms prior to the scholarship award period.



## Items Paid

IHS will pay for the following items:

- » Tuition costs and mandatory fees. Any mandatory fees, such as lab fees and health unit fees, are paid if they're included on the school's invoice. The school should submit all invoices to the Division of Grants Operations.
- » Books, laboratory expenses and other education expenses. These are paid in advance in a lump sum to the student for the school year.
- » Travel expenses of set amount \$300 for the school year, paid in advance to the student.
- » Tutorial costs. A maximum of \$400 for full-time or \$200 for part-time the academic year is paid directly to the student, who must specifically request tutorial services. Payment is subject to approval of the Scholarship Branch Chief.

## Items Not Paid

IHS will **not** pay the following items:

- » School bookstore invoices or books/dental/medical equipment (unless certain dental/medical equipment is rented from the school).
- » Health insurance. Colleges/universities will accept documentation from your Tribe or Indian Health Service facility that you are eligible for health care and/or contract health care from through our Indian health programs. If you find that the availability of health care services is inconvenient, you will be responsible for a separate health insurance policy, group or individual, while in school.
- » Additional travel expenses incurred over the lump sum amount of \$300.

## Payment for Other Reasonable Education Expenses

Scholarship recipients receive a lump sum amount in their August stipend check that is intended to cover the costs of books, travel and other necessary education expenses. No additional payments for such expenses will be made beyond the lump sum amount. Certain expenses, such as daily commuting and parking costs, are not covered by these payments.

## Your Scholarship Benefits Are Taxable

Scholarship funds are subject to federal income tax, and possibly state and local taxes.

IHS withholds federal income taxes only from your stipend checks. Please inquire in your state about any state tax liability on your award. For instructions concerning allowances, exemptions and filing status, refer to the W-4 form for the current year (see page 53) and/or contact your local Internal Revenue Service office.

## Continuing Support After the Current Funding Period

IHS scholarships are awarded for one school year only, but you can request continuing support annually if you fulfill the criteria specified for your specific scholarship program (see the detailed description for each program's criteria). However, continued funding depends on Congressional appropriation for the program.

# Acceptance of Other Federal Benefits

If you are currently receiving scholarship funding from other federal agency sources, you should inform the awarding agency if you are selected to receive an IHS scholarship. This is done to eliminate duplicate payment of tuition and other educational expenses. Additionally, the awarding agency might prohibit duplicate awards.

## Other Public Health Service Benefits

If you are receiving scholarship funds under the National Health Service Corps Scholarship Program (Section 751 of the Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (Section 758 of the Act), you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which these scholarships were awarded.

## Veterans Benefits

You may continue to receive education benefits from the Veterans Administration (G.I. Bill) along with IHS scholarship funds since VA benefits were earned by prior active duty in a uniformed service.

## Benefits From State, Local and Other Federal Sources

If you owe an obligation for professional practice to a state or other entity under an agreement made before applying for IHS scholarship funding, you are not eligible for an award unless the state or entity submits to the Secretary a written statement which says:

- » There is no potential conflict in fulfilling your service obligation to the state or entity and the IHS Scholarship Program, and
- » The IHS Scholarship Program service obligation will be served before or concurrently (if applicable) the service obligation for professional practice owed to the state or entity.



This handbook contains a complete set of IHS Scholarship Program application forms. If you need additional forms or handbooks, please download them from our Web site, or if you have any questions, please contact the program.

IHS Scholarship Program  
801 Thompson Avenue, Suite 120  
Rockville, Maryland 20852  
Scholarship Branch Phone: (301) 443-6197  
Division of Grants Operations Phone: (301) 443-0243  
[www.scholarship.ihs.gov](http://www.scholarship.ihs.gov)

### Application Deadline

The application deadline is March 28. **Late applications will not be considered for funding.** Applications are considered to have met the deadline if they are received by the IHS Scholarship Program office:

Hand-carried — On or before the deadline date when received by close of business (5:00 pm), or

Mailed/Other Service — Postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. A legible, dated receipt from a commercial carrier (such as FedEx or UPS) or the US Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing.

## Complete Application

Your complete application consists of the following:

### 1. Application Checklist

Include your completed checklist with original signature.

### 2. Application Form

The form must be completed, signed and dated. New applicants must complete Form IHS856. Important: You must include the date, month and year of your graduation.

### 3. Two Faculty/Employer Recommendations (Attachment II)

### 4. Documentation of American Indian/Alaska Native Eligibility

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432. Use Category A for American Indian: Members of Federally Recognized Tribes, Bands or Communities, and Category D for Alaska Native.

### 5. Official Transcript

Provide one original official transcript from each college and university attended. Official transcript means the institutional seal and/or the signature of the registrar must be present. If you have not attended a college or university, submit official high school transcripts. If you did not graduate from high school, submit a copy of an official document verifying completion of high school equivalency. The cumulative grade point average will be determined from the official transcript(s). The GPA is one of the factors included in your final application rating.

### 6. Proof of Acceptance

Provide written evidence of acceptance into school, such as an original Letter of Acceptance, or, if applicable, a letter indicating continuing eligibility for enrollment for the fall/spring academic year for which you're applying for academic support, signed by an appropriate school official.

### Health Preparatory and Pre-Graduate program applicants

— requires only a general acceptance into school for the fall/spring academic year in which you're applying for scholarship support.

### Health Professions program applicants

— requires a specific letter of acceptance (most current) into the specific health category. A letter of general admission to a school is not acceptable and will cause your application to be considered incomplete.

### 7. Reasons for Requesting Scholarship Form

### 8. Delinquent Federal Debt Form

### 9. W-4 Form

Must have original signature.

### 10. Verification of Course Curriculum Form (Attachment I)

Must be signed by an appropriate official.

## 11. Curriculum for Major

### 12. Part-Time Status Documentation

For part-time applicants, include documentation that your professional school or program and course curriculum allow less than full-time status.

### 13. Copy of Application Packet

Include with your original application packet a copy of the original application packet in its entirety.

### 14. Acknowledgement Card

This is optional, to let you know that your application has been received.

## Important Reminders

Before submitting your application, make sure that you:

- » **Submit documents with *original* signatures.** All documents submitted with this application must have the original signatures to be valid.
- » **Submit official transcripts.** All transcripts must be official to be valid.
- » **Submit proof of enrollment/acceptance.** Include current written evidence of your letter of acceptance into the school/program for the academic year for which you are requesting scholarship support.
- » **Submit official evidence of Tribal membership.** A Certificate of Indian Blood (CIB) alone is not enough for acceptance. You must provide official evidence of Tribal membership.
- » **Submit a Form W-4 (for the current year).** You must submit a Form W-4 for the current scholarship year with the application for it to be complete.
- » **Submit your curriculum.** Include the entire curriculum for the major in the scholarship for which you are applying.
- » **Fill out Form IHS-856.** Be sure to fill out the bubble sheet, Form IHS-856, completely in No. 2 lead pencil. Sign and date it in ink.
- » **Include a *copy* of your application.** Submit a copy of the original application packet in its entirety, in addition to submitting the original application packet in its entirety.

## Step-by-Step Instructions







## Instructions for the Academic Year 2008-2009 Application Checklist

Within the following pages, you will find detailed instructions for completing your IHS Scholarship Program application. The checklist is included to assist you in preparing your application and to ensure that it is complete. Check off each item as you complete it and gather the documentation required. Return the completed checklist along with your completed application.

Beginning with the boxes above the checklist, fill in your name, career category, Social Security number and the name of the IHS office through which you are applying for the scholarship. If you have ever received an IHS scholarship or grant, check the "YES" box, then note the career category of your scholarship or grant, and indicate which section (scholarship or grant) it is in.

In the next box, check the specific scholarship for which you are applying. If you are a continuing student, please refer to the Student Handbook for instructions on how to apply for continuation.

All scholarship applicants must fill out the required forms and provide the necessary documentation for the first 12 items on the checklist. The last item is to be completed *only* by Master of Public Health (MPH) applicants for the Health Professions Scholarship. The Health-Related Experience form is where you can document any experience you might have in a health field. Filling it out is optional.

Each item of the checklist is explained in detail in the following sections.

Include your signed and dated Application Checklist form with your completed application. Be sure you have checked off all applicable items on the form before submitting the complete package.





**PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM  
 ACADEMIC YEAR 2008-2009 APPLICATION CHECKLIST**

The applicant must complete and forward this sheet with the application and required documents.  
 Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	CAREER CATEGORY
SOCIAL SECURITY NUMBER	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT?     Yes     No  
 If "Yes", enter below:  
 CAREER CATEGORY \_\_\_\_\_ SECTION \_\_\_\_\_

TYPE OF APPLICATION:     New     Continuing  
     Health Preparatory     Pregraduate     Health Professions

- |  |                          |
|--|--------------------------|
| ALL APPLICANTS:  | <b>NEW</b>               |
| 1. Application Checklist .....   | <input type="checkbox"/> |
| 2. Application Form IHS-856 (Continuation Students – Data Sheet) .....   | <input type="checkbox"/> |
| 3. Letter of Acceptance from College/Proof of Application to Health Professions Program (Applicable to continuation students who are transferring schools, changing from 103/103P to 104, or changing disciplines) ..... | <input type="checkbox"/> |
| 4. Official Transcripts for All Colleges<br>Cumulative GPA: Applicant's Calculation: _____ .....   | <input type="checkbox"/> |
| 5. Documentation for American Indian/Alaskan Native Eligibility .....  | <input type="checkbox"/> |
| 6. Two Faculty/Employer Evaluations with original signatures .....   | <input type="checkbox"/> |
| 7. Reason for Requesting Scholarship .....   | <input type="checkbox"/> |
| 8. Delinquent Debt Form .....  | <input type="checkbox"/> |
| 9. W-4 Form with original signature .....  | <input type="checkbox"/> |
| 10. Course Curriculum Verification with original signature (If part-time—minimum of six credit hours) .....  | <input type="checkbox"/> |
| 11. Acknowledgment Card .....  | <input type="checkbox"/> |
| 12. Curriculum for Major .....   | <input type="checkbox"/> |

**HEALTH PROFESSIONS APPLICANTS ONLY:**

13. Health Related Experience (MPH Only) – Optional Form .....

*I verify the application is complete.*

APPLICANT'S SIGNATURE	DATE
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**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 display 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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## Instructions for Checklist Line 2

### Application Form IHS-856 (Bubble Sheet)

Please read all instructions before making any entries on the application. Errors or omissions on the form will delay or prevent the processing of your application. The application IHS Form-856 (bubble sheet) **must be filled out using a No. 2 lead pencil. Do not use a ballpoint pen or any other type of pen.** Do not fold or bend this form, staple it or deform it in any way.

You will record your information two ways:

- » Print the required information in the boxes above the columns of bubbles, or circles. *Begin in the first box of each set and print **only one letter per box.***
- » Blacken the appropriate circle for each letter, number, symbol or empty space in the column directly beneath a box that you've written in. Fill in the empty circles above row A only for spaces that you have left intentionally blank between words.

When completing the form, take care to:

- » Answer *all* questions.
- » Fill in the circles completely, making your marks dark and heavy.
- » Stay within the circles. If you must erase stray marks or incorrect entries, be sure to erase completely.

## Section A – General

This section covers general applicant information, including personal data and your Tribal information.

### Line 1 – Discipline or Prerequisite Track

Enter the name of your program and fill in the corresponding two- or three-letter code in the boxes, then blacken the appropriate circles in the columns below it. The table below contains the program names and codes. If your program is not listed here, you are not eligible for an IHS scholarship.

#### Health Professions Preparatory:

PCP	Pre-Clinical Psychology
PDI	Pre-Dietetics
PEN	Pre-Engineering
PMT	Pre-Medical Technology
PNU	Pre-Nurse
POC	Pre-Occupational Therapy
PPH	Pre-Pharmacy
PPT	Pre-Physical Therapy
PSN	Pre-Sanitarian
PSW	Pre-Social Work

#### Health Professions Pre-Graduate:

PDD	Pre-Dentistry
PMD	Pre-Medicine
PPY	Pre-Podiatry

#### Health Professions Scholarship:

ADA	Chemical Dependency Counseling
ADN	Associate Degree Nurse
CP	Clinical Psychologist
CS	Coding Specialist (Certificate)
DD	Dentist
DH	Dental Hygiene
DI	Dietician
DO	Physician, Osteopathic
ENG	Engineering
GER	Geriatric Nursing
HCA	Health Care Administration
HE	Health Education
HRC	Health Records
IPS	Injury Prevention Specialist
MD	Physician, Allopathic
MDT	Medical Technology
MPH	Master of Public Health (MPH)
NA	Registered Nurse Anesthetist (CRNA)



NP	Nurse Practitioner
NU	Nurse, with a minimum of a BS in Nursing (BSN)
OCT	Occupational Therapy
OPT	Optometrist
PA	Physician Assistant
PED	Pediatric Nursing
PH	Pharmacist
PHN	Public Health Nutritionist
POD	Podiatrist
PSY	Psychiatric Nursing
PT	Physical Therapist
PTA	Physical Therapy Assistant
RT	Respiratory Therapist
SAN	Environmental Health (Sanitation)
SON	Ultrasonographer
SW	Social Worker
WH	Women’s Health Nursing
XRY	Radiology Technology

**Example:** A scholarship applicant is pursuing a degree in nursing (BSN). To fill in the form correctly:

1. Find the program name “Nurse”.
2. Write the code “NU” in the boxes.
3. Blacken the “N” circle in the first column under the letter “N” you have entered, and blacken the “U” circle in the next column under the letter “U” you have entered.

**Line 2 – Your Full Name**

Enter your first and middle names, with one space between them, in the appropriate section of boxes, and your last name in the next section of boxes. Blacken the corresponding circles, including one for the space between your first and last names.

If your name contains a suffix, such as junior (Jr.), senior (Sr.), II (the second) and so on, blacken the appropriate circle in the box to the right of the name sections.

**2. YOUR FULL NAME (SEE INSTRUCTION BOOKLET).**

LAST NAME ONLY

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	( )

### Line 3 – Street Address Only

Enter your street name and number only in this section. Blacken the appropriate circles below the boxes. Do not enter the City, State and ZIP Code here. You will do that in the next section. If you do not require a second line for your street address, leave that section of boxes blank.

### Line 4 – City, State and ZIP Code

#### Line 4a – City Only

Enter the name of your city only in this section. Blacken the corresponding circles below the boxes.

#### Line 4b – State

Blacken the corresponding circle for your state (includes territories and protectorates).

#### Line 4c – ZIP Code

Enter your ZIP Code in the boxes and blacken the corresponding circles below them.

If you do not know your ZIP+4 code, leave the last four columns blank and enter only the five-digit ZIP Code.

#### Line 4d – Area Office Code

Write the two-digit numeric code for your IHS Area in the boxes and blacken the corresponding circles.

### Line 5a – Home Phone Number

Enter your area code and home phone number and blacken the corresponding circles.

### Line 5b – Daytime Phone Number

Enter your daytime phone number. *If this number is the same as your home phone number, please enter it again here.* Blacken the corresponding circles.

### Line 6 – Social Security Number

Enter your Social Security number and blacken the appropriate circles. You are asked to provide your Social Security number on a voluntary basis. However, if you do not provide this information and you are awarded a scholarship, you will be required at that time to provide it for purposes of payroll and payments to you of scholarship benefits. For more information, see the Privacy Act Notice in this handbook. The number is used for identification purposes only. If you do not have a Social Security number, you should make immediate efforts to obtain one by calling your local office of the Social Security Administration.

### Line 7 – Email Address

Your email address will be the primary form of communication, so enter an address that you check frequently. Blacken the corresponding circles. Note that symbols often used in email addresses, such as “@”, “.”, “-” and “\_” are the bottom four rows of circles. If you do not have an email address, leave this area blank.

### Line 8 – Place of Birth

Print the city and state or country of birth in the boxes, and blacken the corresponding circles.

### Line 9 – US Citizenship

If you are a citizen of the United States, blacken the “YES” circle. Only US citizens or naturalized citizens are eligible for IHS scholarship awards.

### Line 10 – Are you Eligible?

Those eligible will be required to show the following proof when applying:

BIA Certification: Form 4432, as follows:

- » American Indian: Category A — Members of Federally Recognized Tribes, Bands or Communities
- » Alaska Native: Category D — Alaska Native

Please refer to the section on Documentation of American Indian/Alaska Native Eligibility for exceptions and a detailed explanation of the documentation required.

### Line 11 – Tribal Code

This section is for use by the IHS Scholarship Program office *only*. Applicants should leave this section blank.

### Line 12 – Tribal Recognition

Blacken the circle that describes your Tribal recognition:

1. Your Tribe is federally recognized
2. Your Tribe is state-recognized
3. You are a descendent of a federal or state tribe, or both

*Only if your Tribe is state-recognized, fill in the boxes with the phone number and address of your State Attorney General’s office or the Commissioner of Indian Affairs.*

### Line 13 – Recipient of EFN Scholarship

If you are a recipient of financial support under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN), blacken the “YES” circle. Preferential consideration is given to otherwise eligible applicants who are previous recipients of EFN scholarships. If you select “YES”, you must submit a letter of verification from an official at the school where you received the scholarship. Please contact the Grants Management Office if you have additional questions.

### Line 14 – Previous Service Commitment

If you are currently under any obligation to practice your profession in a state or other entity after you complete your training, this could conflict with the service obligation you incur under the IHS Scholarship Program. *If you are obligated to practice under another program, read the terms of your agreement with that program carefully.* Such an obligation does not necessarily make you ineligible for the IHS Scholarship Program, as many service agreements will allow you to serve the IHS Scholarship Program service obligation first. If this is your case, there is no conflict and you should answer “NO”.

If you are not currently under any service obligation to another program, answer “NO”.

### Line 15 – Future Specialty Interest

Print the name of the specialty you are planning to pursue. Find the matching code from the list below, enter it in the boxes and blacken the corresponding circles in the specialty code blocks.

If you do not have a specialty preference at this time, enter the word “UNKNOWN” in the box and blacken the corresponding circles. **Note:** All residencies require prior approval.

Family Practice	FP
Child Psychiatry	CPSY
Emergency Medicine	EM
General Psychiatry	GPSY
General Surgery	GSUR
Obstetrics/Gynecology	OBGYN
Pediatrics	PED
Internal Medicine	INT
Nurse Practitioner	NP (Master’s Level Only)

#### NP Specialty, if applicable:

Acute Care	AC
Adult Health	AH
Family Health	FH
Gerontology Health	GH
Neonatal Health	NH
Oncology	ONC

Pediatric/Child Health	PCH
Psychiatric/Mental Health	PMH
Women’s Health	WH

### Line 16 – Permanent Contact Person

Print the name, permanent address and phone number of a person through which you can always be contacted and that will not change, such as a parent, relative or close friend. Your scholarship stipends will be paid by direct bank deposit and this information will not be changed during your entire first year of scholarship funding. You will not be allowed to change banks unless you change schools and relocate to another city.

### Line 17 – W-4 Form (Employee’s Withholding Allowance Certificate)

Your application packet includes an Internal Revenue Service (IRS) Form W-4 that you must complete and submit with your application. IHS Scholarship funds are subject to federal income tax, and possibly state and local taxes. IHS withholds federal income taxes only from your stipend checks. Please inquire in your state about any state tax liability on your award. For instructions concerning allowances, exemptions and filing status, refer to the W-4 form for the current year — see form section.

On the IHS-856 Form (bubble sheet), you will supply some of the information that you entered on the W-4 form by blackening the corresponding circles. For lines 17a through 17d, provide the following information:

**Line 17a** – Your marital status for withholding federal income taxes.

**Line 17b** – The total number of withholding allowances you are claiming (up to seven).

**Line 17c** – If you are claiming exemption from withholding.

**Line 17d** – Specify any additional amount you would like to be deducted each pay period. If you want additional deductions, state this amount in whole dollars. You must enter a numeral in all three boxes and blacken the corresponding circles. For example, if you want \$30 deducted, enter “030” in the boxes and blacken the circles for “030” or if you want \$0 deducted, enter “000” in the boxes and blacken the circles for “000.”

If you do not wish tax withheld from your monthly stipend check, you should claim “exempt” on the W-4 form and skip line 17b.



## Section B – Degree Program

In this section, you will answer questions that pertain only to the scholarship for which you are applying.

### Line 1 – Enrollment Status

Select full-time or part-time. In the boxes, enter the average number of credit hours you will be enrolled in for the term, quarter or semester. Full-time status is 12 or more credit hours. Part-time status is six to 11 credit hours. Blacken the corresponding circles.

### Line 2 – School Name

Print the name of your school in the box, and blacken in the corresponding circles.

### Line 3 – School Location

Print the city and state where your school is located, and blacken the corresponding circles.

### Line 4 – School Code

This section is for use by the IHS scholarship program office only. *Applicants should leave this section blank.*

### Line 5 – Date of School Attendance

Enter the month and year you first attended or will attend school. Blacken the corresponding circles.

### Line 6 – School Tuition Charge Status

Select the category in which you will be charged tuition and fees for the school year that you're applying for scholarship assistance. If your school charges the same tuition and fees for in-state residents and out-of-state non-residents, select the third choice. Blacken the corresponding circle.

### Line 7 – Specific Scholarship

**Line 7a** – Select the scholarship for which you are applying.

**Line 7b** – **This line is extremely important.** Enter the month and year you expect to graduate, or the month and year you expect to complete the required coursework. Select "June" if you cannot confirm your graduation month. **Blacken in the corresponding circles.**

### Line 8 – For Health Professions Scholarship Applicants Only

Select the year of health professions coursework you will be enrolled in during the academic year for which you are applying for a scholarship.

### Line 9 – Previous College or University Attendance

#### College or University

If you have attended college or graduate school, provide information on your attendance. Enter the name of your school(s), the appropriate city and state, the month and year you attended, the number of credit hours you completed, the type of degree you obtained, and the month and year you obtained the degree (if applicable). If you are graduating within six months of the application, enter the degree you will obtain and the month and year you expect to graduate. Submit with your application official transcripts from each college or university.

#### High School or GED

If you have not attended college, complete this set of boxes to provide information on your high school attendance or GED high school equivalency. Enter the name and location of your high school, or where your GED was obtained. Enter the month and year you attended, and your graduation date, or the date you were awarded your GED certification.

## Section C – Miscellaneous

### Line 1 – Date of Birth

Enter the month, day and year of your birth in this format: 02-05-74 (for February 5, 1974, for example). Blacken the corresponding circles under the boxes.

### Line 2 – Gender

Blacken the appropriate circle for your gender.

### Line 3 – Permission to Receive Additional Funding Information

If you are not selected to receive a scholarship, IHS would like permission to forward your application to other potential funding sources, including other government agencies, non-governmental sources and Tribal sources. Select "YES" if you would like IHS to do this, or "NO" if you would not.

### Line 4 – Grant Number

This section is for use by the IHS Scholarship Program office only. *Applicants should leave this section blank.*

## Section D – Certification

In this section, you will certify that the information you have given is accurate and complete to the best of your knowledge. The information you provide might be investigated, and any willful misrepresentation will be cause to reject your application for an IHS scholarship award. If a scholarship has been awarded, willful misrepresentation will make you liable for repayment of awarded funds. False statements may be punished as a felony under US code, Title 18, Section 1001.

After you have read the certification statement on the application sheet and understand it fully, sign your full name and date the application *in ink* in the boxes provided.



## Checklist Line 3

### Letter of Acceptance or Proof of Application to Health Professions Program

**New Applicants:** You must submit proof of acceptance into school, such as an original Letter of Acceptance. If you are already attending school, submit a letter indicating that you are eligible for enrollment in the fall/spring academic year for which you are applying for scholarship support, signed by an appropriate school official.

**Health Preparatory and Pre-Graduate Applicants:** a general acceptance into school for the fall/spring academic year in which you are applying for scholarship support will satisfy this requirement.

**Health Professions Applicants:** You are required to submit a specific letter of acceptance (the most current) showing you have been accepted into your specific health category. A letter of general admission is not acceptable.

If you have applied to more than one school and are awaiting acceptance from any one of them, you must include letters from *all* of the schools you have applied to stating that your application for admission has been received. These letters must include the date formal acceptance will be given if you are accepted. If you submit such letters, you must follow up with evidence of official acceptance to the school you choose to attend as soon as *you are informed of your acceptance*. This official acceptance must be received by IHS prior to the selection of students to be awarded (later dates of acceptance can be considered on a case-by-case review and if there is documentation from the school to this effect).

If you have received letters of acceptance, include all of them and all course curriculum verification forms.

**Continuation Students:**

Please refer to the Student Handbook for instructions.



## Instructions for Checklist Line 4

### Official Transcripts for all Colleges

You must submit *official* transcripts (not copies of transcripts) for all colleges and universities you have attended. *Official transcript* means the institutional seal and/or the signature of the registrar *must* be present. If you have not attended a college or university, submit official transcripts from your high school. If you did not graduate from high school, submit a copy of an official document that verifies high school equivalency. On the checklist form, enter your current cumulative GPA in the space provided on line 4.



## **Checklist Line 5**

### **Documentation for American Indian/ Alaska Native Eligibility**

Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432 with your application (see page 14 of this handbook for further details).





# United States Department of the Interior

## BUREAU OF INDIAN AFFAIRS

### **VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY**

To Establish eligibility for Indian preference for employment with BIA/HIS, complete one of the categories below and submit with your OF-612, Optional Application for Federal Employment

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**Category A MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES**

This is to certify that the person named below is a member of the tribe indicated:

\_\_\_\_\_

Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Tribal Affiliation

I certify the above information was taken from the official records of the \_\_\_\_\_ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

OR

\_\_\_\_\_

Tribal Representative

\_\_\_\_\_

Date

\_\_\_\_\_

BIA Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Title

\_\_\_\_\_

Agency Name

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**Category B DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.**

This is to certify that the person named below has established to my satisfaction that he is a descendant of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

\_\_\_\_\_

Name of Individual

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Reservation of Residence on June 1, 1934

\_\_\_\_\_

Ancestor

\_\_\_\_\_

Tribal Record of Affiliation

\_\_\_\_\_

Date

\_\_\_\_\_

BIA Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Agency Name

**Category C PERSONS WHO POSSESS AT LEAST ½ DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.**

This is to certify that I have reviewed the documentation to support the below listed individual's claim to the possession of at least ½ degree Indian blood. The attached family history chart outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Degree of Blood and Tribal Derivation
_____	_____	_____
Based on (name records)	BIA Representative	Date
_____	_____	_____
_____	Title	_____
_____	_____	_____
_____	Agency	_____
_____	_____	_____

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**Category D PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OF ALASKAN DESCENT**

This is to certify that the person named below has established to my satisfaction that he is qualified for Indian Preference because of his possession of Eskimo or other aboriginal peoples' blood of Alaska. The attached family history chart outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Alaska Native Group
_____	_____	_____
Record(s) on Which Based	_____	_____
_____	BIA Representative	Date
_____	_____	_____
_____	Title	_____
_____	_____	_____
_____	Agency	_____

## Checklist Line 6

### Faculty/Employer Evaluations (Attachment II)

You are required to submit **two** completed faculty/employer evaluations, with original signatures (Attachment II, form IHS-856-4). **You must use this form. A letter of recommendation without this form is *not* acceptable.** This is an important part of the selection process, as these evaluations will be used to determine your rating.

Provide these forms to faculty and employer personnel who can evaluate your school/work performance. Collect the completed forms and submit them with your application. Make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest at the bottom of the form, certifying that the evaluator isn't related to you by blood or marriage.



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  
FACULTY/EMPLOYER EVALUATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

The student identified above is applying to receive an Indian Health Service (IHS) Scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational/work achievement of this applicant? *(Please provide written comments.)*

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

2. How do you rate the applicant's relationships with other people?

Consider such things as ability to work and get along with others. *(Please provide written comments.)*

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

3. Based on this applicant's personal, emotional, ethical attributes, how do you rate his/her over-all potential for the practice of primary health care, especially in a health manpower shortage area?

*(Please provide written comments.)*

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

**Please provide written comments:**

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Type of work: \_\_\_\_\_

Length of time known: \_\_\_\_\_

**Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.**

NAME (Print or type)	SIGNATURE	DATE
TITLE OF POSITION	PLACE OF EMPLOYMENT	

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 50 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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## Checklist Line 7

### Reasons for Requesting Scholarship (Attachment III)

On this form (Attachment III, Form IHS-856-5), you'll explain why you're requesting IHS scholarship support, state your career goals, and describe how your career goals will help to meet the health needs of Indian people. At the top of the form, fill in your name, career category, Social Security number, email address and the IHS office you are applying through.

This form is an important part of the selection process and helps determine your ranking. Please take care to write the narrative with correct grammar, clarity and organization. Type or print legibly for readability — you will not be rated on material that cannot be read. If you need more space than the form, you can continue writing on the back of the last page of this application, or securely attach extra sheets of the same size as this paper. Write your name and Social Security number on each extra sheet.



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  
REASONS FOR REQUESTING SCHOLARSHIP**

APPLICANT'S NAME		CAREER CATEGORY
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

Explain why you are requesting this scholarship \*\*

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State your career goals \*\*

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Explain how these goals will help to meet the health needs of the Indian people \*\*

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*\*\* If more space is required, use back of last page of application or full sheets, the same size as this page. Write on each sheet your name and social security number. Securely attach all sheets to this application.*

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 45 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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## Checklist Line 8

### Delinquent Federal Debt Form (Attachment IV)

The purpose of this form (IHS-856-6) is to determine if you have any delinquent federal debt. This includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS doesn't consider deferred loans to be delinquent.

You must complete and sign this form, and include it with your application. Fill in your name, career category, Social Security number, email address and the IHS office through which you are applying. Answer "YES" or "NO" to the question: Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO", sign and date the form at the bottom and submit it with your application.

*If you are delinquent on the repayment of any federal debt, check "YES". Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as student loan or HUD mortgage, for example), the name and phone number of a contact person handling your debt, and the account number.*

Additionally, you must include a notarized power of attorney, authorizing IHS Grants Management Branch personnel to inquire on your debt. Your application will not be considered for an award if you do not include this authorization. If you have any questions regarding the power of attorney, contact the IHS Grants Management Branch.







**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 display 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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## Checklist Line 9 Employee's Withholding Allowance (W-4 Form)

IHS scholarship benefits paid to you are subject to federal income tax. You must complete the Internal Revenue Service (IRS) W-4 form in order to comply with tax withholding requirements in the event you are selected.

If you **do not** want tax withheld from your monthly stipend check, you should claim "exempt" on the W-4 form and do not fill in line 17b, Section A of Form IHS-856 (bubble sheet).

If you **do** want tax withholding, complete the W-4 form and fill out the information requested in Section A of Form IHS-856 (bubble sheet), lines 17a through d. Return the W-4 with your application.

If you have any questions regarding the W-4 form, contact your local Internal Revenue Service office or visit the IRS Web site at [www.irs.gov](http://www.irs.gov).



# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul> </div>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 <b>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</b> ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2007, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return.

- 1** Enter an estimate of your 2007 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2** Enter: 

{	\$10,700 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$	
\$ 7,850 if head of household						
\$ 5,350 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_
- 4** Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ \_\_\_\_\_
- 6** Enter an estimate of your 2007 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,400 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners/multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 6 \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	850	35,001 - 80,000	850
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 170,000	950	80,001 - 150,000	950
18,001 - 22,000	3	19,001 - 26,000	3	170,001 - 300,000	1,120	150,001 - 340,000	1,120
22,001 - 26,000	4	26,001 - 35,000	4	300,001 and over	1,190	340,001 and over	1,190
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## Checklist Line 10

### Course Curriculum Verification (Attachment I)

This form (IHS-856-3) is to be completed and signed by the appropriate official at the college or university you are attending. The purpose is to verify that you have applied for admission to the school or have enrolled for the upcoming academic year.

Before giving the form to your school, fill in the information in the four boxes at the top: your name, Social Security number, your career category and your email address. In the fifth box, check the specific scholarship for which you are applying. Next, fill in the name of your school, and in the next sentence, circle your status (full-time or part-time, printed in boldface). If you are enrolling in a preparatory program, fill in the name of the program in the blank space.

The next section provides spaces for you to list the coursework you are planning to take for the academic year. For each semester or quarter, write in the course number, the credit hours and the course title. In the space to the right of each section, fill in the total number of credit hours for the semester or quarter.

Give the form to your college advisor or counselor, who must sign and date the form, and provide their correct title and a contact phone number. Obtain the completed form from your school official and submit it with your application.

In addition, attach to the form a copy of your course curriculum for your major from your school catalogue or major department (see checklist line 12).





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  
COURSE CURRICULUM VERIFICATION**

REGARDING	STUDENT'S NAME	SOCIAL SECURITY NUMBER
	CAREER CATEGORY	EMAIL ADDRESS

(Check one)

- HEALTH PROFESSIONS PREGRADUATE – Section 103(b)(2)
- HEALTH PROFESSIONS PREPARATORY – Section 103(b)(1)
- HEALTH PROFESSIONS – Section 104

**THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL**

This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) \_\_\_\_\_ for the academic year 2008-2009. He/She will be enrolled in either a **full-time or part-time (circle one)** undergraduate curriculum leading to a bachelor's degree in premedicine; or a preparatory curriculum which fulfills the requirement for admission into his/her chosen health program of \_\_\_\_\_; or the student is enrolled in a health professional program that is eligible for funding under this scholarship program. The individual will be enrolled/or is anticipated to be enrolled in the following courses **commencing Fall 2008**.

**\*\*\*ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION.\*\*\***

SEMESTER I OR QUARTER I TOTAL S/Q I HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEMESTER II OR QUARTER II TOTAL S/Q II HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARTER III TOTAL Q III HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISOR OR COUNSELOR SIGNATURE	TITLE	DATE
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PRINT NAME	PHONE NUMBER
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**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 42 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 display 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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## **Checklist Line 11**

### **Acknowledgment Card**

This form (IHS-815) is a postcard that IHS will mail back to you within four weeks of receipt of your application. You should retain this card in your records. Enter your name and address on the front of the card and submit it with your application.



**INDIAN HEALTH SERVICE  
SCHOLARSHIP PROGRAM  
ADDRESS CHANGE NOTICE**

PRINT NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_


EFFECTIVE DATE OF  
CHANGE: \_\_\_\_\_

*(Please fold on dotted line and tape closed on all three sides)*

**Check Appropriate Box**

- I already have an IHS scholarship.
- I am in postgraduate training.
- I am in active duty.

SIGNATURE: \_\_\_\_\_

Enter YOUR complete mailing address on the IHS SCHOLARSHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card. 

The Address Change Notice (IHS-816) card should be retained for future use. 

**DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Indian Health Service  
Rockville MD 20852

Official Business  
Penalty for Private Use \$300

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PLEASE PRINT NAME AND ADDRESS

**DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Indian Health Service  
Rockville MD 20852

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

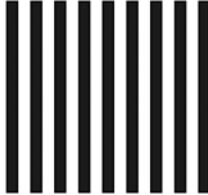
FIRST CLASS MAIL PERMIT NO. 2787 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service Scholarship Program  
801 Thompson Avenue - Suite 120  
Rockville MD 20852-9736



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**Your application for an  
INDIAN HEALTH SERVICE SCHOLARSHIP  
has been received by this office.**

Please notify this office of changes in address or telephone.  
You may be contacted by the Scholarship Program should  
further information be needed.

**FROM:** Grants Management Officer  
Division of Grants Operations  
Division of Acquisition and Grants Operation  
Indian Health Service Scholarship Program  
801 Thompson Avenue - Suite 120  
Rockville, Maryland 20852

IHS-815  
Rev. 10/05

Acknowledgement of Receipt of Application

## Checklist Line 12

### Curriculum for Major

The curriculum for major is related to checklist line 10, *Course Curriculum Verification*. You will need a copy of the course curriculum for your major. This can usually be obtained from your school catalogue or your majors department office. Attach the Curriculum for Major to the Course Curriculum Verification form.





## Checklist Line 13

### Health Related Experience (Attachment V)

#### ***For MPH Candidates Only (This Form is Optional)***

To be considered for a scholarship for a Master of Public Health (MPH), you must have a degree in a health-related discipline and be accepted into an MPH program. This form (IHS-856-7) is optional and is provided for you to document any health-related or volunteer job experience you might have. Fill in your name, career category, Social Security number, email address and the IHS office through which you're applying.

For each individual job, and beginning with your most recent work experience, provide the exact title of your position, the dates you were employed (month and year), the average number of hours you worked per week, and your job status (paid or volunteer). Next, describe your specific duties, responsibilities and accomplishments in this position. Submit this form with your application.



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  
JOB EXPERIENCE (MPH Students Only) [Optional]**

NAME OF APPLICANT	CURRENT CAREER CATEGORY
-------------------	-------------------------

SOCIAL SECURITY NUMBER	EMAIL ADDRESS	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH
------------------------	---------------	---

**HEALTH RELATED JOBS OR VOLUNTEER EXPERIENCE (BEGIN WITH MOST RECENT WORK EXPERIENCE)**

A. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

**DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)**


B. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

**DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)**


C. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

**DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)**


D. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

**DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)**


E. EXACT TITLE OF YOUR POSITION	DATES EMPLOYED (Give Month & Year) FROM: TO:	Average # of Hrs. Worked per Week	STATUS PAID <input type="checkbox"/> Yes <input type="checkbox"/> No VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	---	--------------------------------------	---

**DESCRIPTION OF WORK (Briefly describe your specific duties, responsibilities and accomplishments in the position)**


**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 50 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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## Additional Forms

### Verification of Acceptance or Decline of Award (Attachment VI)

**Do not mail this form with your application!** Retain it until you are notified if you have been selected for a scholarship award. This form (IHS-856-8) is to be used to accept or decline and IHS scholarship award. If you are notified that you have been selected, fill out the form, check the box for "ACCEPT" or "DECLINE", and return the form immediately to the address at the bottom of it.



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.**

<b>REGARDING</b>	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.

**RETAIN THIS ATTACHMENT UNTIL YOU ARE NOTIFIED OF YOUR  
 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 display 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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## *Your Health Career Starts Here*

INDIAN HEALTH SERVICE  
801 Thompson Avenue – Suite 120  
Rockville, Maryland 20852  
Scholarship Branch Phone: (301) 443-6197  
Division of Grants Operations Phone: (301) 443-0243

[www.scholarship.ihs.gov](http://www.scholarship.ihs.gov)

