

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
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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
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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
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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
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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
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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).
