

**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: **NEW**

- 1. Application Checklist
- 2. Application Form IHS-856
- 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)
- 4. Official Transcripts for All Colleges
 Cumulative GPA: Applicant's Calculation: _____
- 5. Documentation for American Indian/Alaska Native Eligibility
- 6. Two Faculty/Employer Evaluations with original signatures
- 7. Reason for Requesting Scholarship
- 8. Delinquent Debt Form
- 9. W-4 Form with original signature
- 10. Course Curriculum Verification with original signature (If part-time—
 minimum of six credit hours)
- 11. Acknowledgment Card
- 12. Curriculum for Major

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 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).
