U.S. DEPARTMENT OF

HEALTH AND HUMAN SERVICES

Indian Health Service

ACADEMIC YEAR

- 2008-2009 **2009–2010**
- **2010–2011**

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the 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: IHS Reports Clearance Officer, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852-1006, ATTN: PRA (0917-0006). Do not return the completed form to this address.

> **FORM APPROVED:** O.M.B. No. 0917-0006 **Expiration Date: September 30, TBD**

APPLICATION FOR PARTICIPATION IN: THE INDIAN HEALTH SERVICE SCHOLARSHIP PROGRAMS

ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF THE FEDERAL **GOVERNMENT AND SHALL NOT BE RETURNED.**

BEFORE COMPLETING THIS APPLICATION, READ THE ACCOMPANYING DIRECTIONS IN THE INSTRUCTION BOOKLET.

- Answer all questions.
- Use a No. 2 lead pencil. Do not use ball-point or other pen.
- In each block, where required, place the needed information in the boxes above the grid area. Then, in the column below each box containing a letter, number, or symbol, blacken completely the circle containing the same letter, number, or symbol. In cases where a box is to represent a space and contains no letter, number, or symbol, blacken the empty circle at the top of that column.
- Make your marks heavy and black.
- · Avoid stray marks and smudges. Erase incorrect marks completely.
- Do not staple, fold, bend, spindle, or mutilate this form.

Submit application in the enclosed envelope, directly to your IHS Area office.

Questions Regarding Application should be directed to:

Grants Management Officer Grants Management Branch Division of Acquisition and Grants Operations 801 Thompson Ave., TMP Suite 360 Rockville, MD 20852

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8.	PLACE OF BIRTH (PLEASE PRINT).
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	STATE OR COUNTRY
9.	Are you a citizen or national of the United States (Only U.S. citizens or nationals are eligible to receive Scholarship awards.) BLACKEN the appropriate circle.
	Yes O No O
10.	Are you an American Indian or Alaska Native? Those eligible for scholarship awards are applicants who are identified as American Indians or Alaska natives. Applicants wishing to claim this preference must submit with their application supporting documentary evidence from the Bureau of Indian Affairs or the Department of the Interior or from their tribal organization. Consideration is given only to those applicants who qualify for priority selection as stated in the Instruction Booklet.
	Yes No No
11.	Tribal Code (Office Use Only) 0 0 0 0 1 1 1 1 2 2 2 2 2 3 3 3 3 4 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9
	Tribal Recognition (mark the appropriate number) Federally Recognized (1) Mark if you are an enrolled member of a
	Federally Recognized Tribe. State Recognized ② Descendent ③
If yo	our tribe is STATE recognized, provide telephone

number and address of your state Attorney General's

Office or commissioner of Indian Affairs.

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16. Print name, permanent address, and telephone number of the person through whom you can	SECTION B: DEGREE PROGRAM
always be located (e.g., parent, relative, etc.)	
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ADDRESS	Your answers to this section should pertain only to the scholarship for which you are applying.
CITY STATE	Will you be enrolled as a full-time or part-time student for the academic year for which you are
ZIP CODE AREA CODE PHONE NUMBER	applying? (You must remain full-time or part-time for the full academic year.)
	Full-time Part-time
17. EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4).	Indicate the average number of credit hours (e.g., PT = 6 to 11, FT = 12 or more) you will be enrolled for the term, quarter or semester.
(SEE INSTRUCTION BOOKLET)	Full-time Part-time
Based on Page 1 of the Internal Revenue Service (IRS Form W-4 accompanying the application packet, please supply the following information:	
a. SingleMarriedMarried, but withhold at higher single rate	3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7
b. Total number of allowances claimed on Form W-4, page 1, item 5.	
① ① ② ③ ④ ⑤ ⑥ ○ 7 or more	Print name of school in which you are enrolled or accepted for enrollment. SCHOOL
c. Are you claiming exemption from withholding on Form W-4, page 1, item 7?	
Yes O No O	3. Print location of school.
d. Additional amount, if any, to be deducted each pay period. Enter amount from Form W-4, page 1, item 5. Indicate whole dollars only.	CITY STATE

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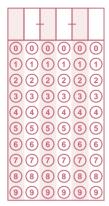
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					_	6 months, give	month/year o	f expected deg	ree
lf v	you have not attended collec		GH SCHOOL			ration (City	and State)	of the high	

If you have **not** attended college, please complete the following. Write the name and location (City and State) of the high school you attended or where you obtained your GED high school equivalency. Attach an official copy of your high school transcripts or GED certificate with scores.

	NA	ME AND LOCATION OF HIGH SCH	IOOL OR WHERE G.E.D. W	AS OBTAINED	MONTH/YEA	R ATTENDED	HIGH SCHOOL GRADUATION DATE	G.E.D. CERTIFICATION DATE
		NAME	CITY	STATE	FROM	ТО	(MONTH/YEAR)	(MONTH/YEAR)
1	ı.							
2	2.							_

SECTION C: MISCELLANEOUS

1. Date of Birth (Month-Day-Year; e.g., February 5, 1974 would be written as 02-05-74)



2. Gender

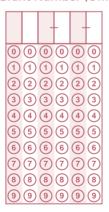
Male O Female O

3. If you do not receive a scholarship from the Indian Health Service (IHS) may the IHS forward your application to another funding source (e.g., non-governmental, tribal or other government agencies)?

Yes ()

No 🔾

4. Grant Number (Office Use Only)



SECTION D: CERTIFICATION

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for the rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under U.S. code, Title 18, Section 1001.

SIGN YOUR FULL NAME IN INK AND DATE

SIGNATURE	DATE

COM () INC () APL () LOA () 0 1 1 TRA 🔘 **FOR** ② ③ IND () 2 **OFFICE** 3 EVL () 4 USE (4) NAR () (5) (5) DBT () ONLY **6 (6)** W-4 () 7 7 CUR () CON () 8 8 9 9 EXP ()

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