

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

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS	

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

I accept the scholarship award for the 20 \_\_\_\_\_ – 20 \_\_\_\_\_ school year.

I decline the scholarship award for the 20 \_\_\_\_\_ – 20 \_\_\_\_\_ school year.

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

Please complete the following information.

STREET ADDRESS / POST OFFICE BOX NUMBER		
CITY	STATE	ZIP CODE

Please note this is a change of address

Complete this form and return immediately to:

Indian Health Service  
ATTN: Grants Scholarship Coordinator  
801 Thompson Ave., Suite 120  
Rockville, Maryland 20852

If you have any questions, please contact the IHS Division of Grants Operations office.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

---

### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

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

---