

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PREFERRED PLACEMENT**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS

**BACKGROUND**

CAREER CATEGORY: \_\_\_\_\_  
GRADUATION DATE: \_\_\_\_\_  
DEGREE OBTAINED: \_\_\_\_\_  
COLLEGE/UNIVERSITY: \_\_\_\_\_  
DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: \_\_\_\_\_  
\_\_\_\_\_

MY SERVICE OBLIGATION IS FOR A PERIOD OF (Circle one): 2 3 4 YEARS.

**INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR PLACEMENT:**

- |                   |                  |                 |
|-------------------|------------------|-----------------|
| _____ Aberdeen    | _____ Billings   | _____ Okla City |
| _____ Albuquerque | _____ California | _____ Phoenix   |
| _____ Anchorage   | _____ Nashville  | _____ Portland  |
| _____ Bemidji     | _____ Navajo     | _____ Tucson    |

**INDICATE YOUR PREFERRED IHS, TRIBAL OR URBAN HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:**

- |           |           |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

I understand that IHS Scholarship Program officials must approve my placement and position at my chosen Indian health facility. The Director, IHS has the right to make the final decision regarding placement if I have not selected an Indian health facility at which to fulfill my contractual service obligation within 90 days of graduation or completion of training.

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

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### **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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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