

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No. xxxx-xxxx  
Exp. Date: x/xx/xxxx

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTIFICATION OF DEFERMENT PROGRAM**

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

This document notifies the IHS Scholarship Program of your selected deferment program,  
if approved this will delay the service obligation incurred under Section 338-A of the Public Health Service Act.

POST-GRADUATE CLINICAL TRAINING PROGRAM: \_\_\_\_\_

PROGRAM DIRECTOR (Name): \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_

City State Zip Code

Phone Email Address

LENGTH OF PROGRAM: \_\_\_\_\_  
Start Date End Date

DATE AVAILABLE TO BEGIN SERVICE OBLIGATION: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

|         |       |  |
|---------|-------|--|
| NAME    |       |  |
| ADDRESS |       | PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/> |
| CITY    | STATE | ZIP CODE   |

|                       |      |
|-----------------------|------|
| RECIPIENT'S SIGNATURE | DATE |
|-----------------------|------|

**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

Approved (IHS use only): \_\_\_\_\_

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

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