

**INDIAN HEALTH SERVICE
IHS SCHOLARSHIP PROGRAM
ADDRESS CHANGE NOTICE**

PRINT NAME: _____
FIRST MIDDLE LAST

OLD ADDRESS: _____

City: _____

State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

NEW ADDRESS: _____

City: _____

State: _____ Zip Code: _____

Telephone: (Area Code) _____ (Number) _____

EFFECTIVE DATE OF CHANGE: _____

(Please fold on dotted line and tape closed on all three sides)

Check Appropriate Box

- I have applied, but have not been notified of the status of my application.
- I already have an IHS scholarship.
- I am in postgraduate training.
- I am fulfilling my service obligation.

SIGNATURE: _____

Enter YOUR complete mailing address on the IHS SCHOLARSHIP PROGRAM mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.

The Address Change Notice (IHS-816) card should be retained for future use.



**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Indian Health Service
Rockville, MD 20852

Official Business
Penalty for Private Use \$300

PLEASE PRINT NAME AND ADDRESS

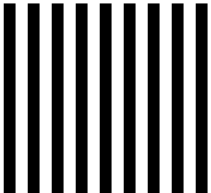
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Indian Health Service
Rockville, MD 20852



Official Business
Penalty for Private Use \$300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 2787 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service
IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville MD 20852-9736



**Your application for an
INDIAN HEALTH SERVICE SCHOLARSHIP
has been received by this office.**

Please notify this office of changes in address or telephone.
You may be contacted by the IHS Scholarship Program should
further information be needed.

Indian Health Service
IHS Scholarship Program
801 Thompson Ave., Suite 120
Rockville, MD 20852

IHS-815

Acknowledgement of Receipt of Application