

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
APPLICATION CHECKLIST**

The applicant must complete and forward this checklist with their application and required supporting documentation.
Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	SOCIAL SECURITY NUMBER
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CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS
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HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT? Yes No
If "Yes", enter below:
CAREER CATEGORY _____

WHAT ACADEMIC YEAR ARE YOU APPLYING FOR? 20 _____ – 20 _____

I AM APPLYING FOR:
 Preparatory Scholarship Program Pre-Graduate Scholarship Program Health Professions Scholarship Program

REQUIRED FORMS:	Online Option	Print Option
1. Application Checklist (IHS-856-2)	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Bubble Sheet (IHS-856)	Submitted Online	<input type="checkbox"/>
3. Documentation for AI/AN Eligibility (Form BIA-4432)	<input type="checkbox"/>	<input type="checkbox"/>
4. Two Faculty/Employer Evaluations (IHS-856-3)	Submitted Online	<input type="checkbox"/>
5. Narrative Statements (IHS-856-4)	Submitted Online	<input type="checkbox"/>
6. Delinquent Federal Debt (IHS-856-5)	<input type="checkbox"/>	<input type="checkbox"/>
7. Federal Income Tax Withholding (Form W-4) Go to www.irs.gov to download the form for the fall semester of the academic year for which you are applying.	<input type="checkbox"/>	<input type="checkbox"/>
8. Course Curriculum Verification (IHS-856-6)	<input type="checkbox"/>	<input type="checkbox"/>
9. Acknowledgment Card (IHS-815)	Submitted Online	<input type="checkbox"/>

REQUIRED DOCUMENTATION:		
10. Letter of Acceptance from a College/University or Proof of Application to a Health or Allied Health Professions Program	<input type="checkbox"/>	<input type="checkbox"/>
11. Official Transcript(s): <input type="checkbox"/> All College(s)/University(s) <input type="checkbox"/> High School or Home School Equivalent <input type="checkbox"/> General Education Development (GED) Official Use Only – Cumulative GPA : Area Scholarship Coordinator Calculation: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Curriculum for Major Attach this documentation with your Course Curriculum Verification form.	<input type="checkbox"/>	<input type="checkbox"/>
13. Complete photocopy set Faculty/Employer Evaluations and Official Transcripts will be copied by IHS Scholarship Program staff	<input type="checkbox"/>	<input type="checkbox"/>

I verify the application is complete, with all required forms, supporting documentation and original signatures.

APPLICANT'S SIGNATURE	DATE
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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.
