

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR TUTORIAL ASSISTANCE**

|                  |                        |
|------------------|------------------------|
| RECIPIENT'S NAME | SOCIAL SECURITY NUMBER |
|------------------|------------------------|

|         |  |
|---------|--|
| ADDRESS | PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/> |
|---------|--|

|                 |                 |               |
|-----------------|-----------------|---------------|
| CAREER CATEGORY | IHS AREA OFFICE | EMAIL ADDRESS |
|-----------------|-----------------|---------------|

SCHOLARSHIP PROGRAM:  Preparatory  Pre-Graduate  Health Professions

**ENROLLMENT STATUS:**  Fall  Winter  Spring  Summer  
 Semester  Quarter  Trimester  
 Full-time  Part-time

**I AM SEEKING TUTORIAL ASSISTANCE FOR THE FOLLOWING COURSE(S):**

| COURSE NUMBER | COURSE TITLE | HRS.  |
|---------------|--------------|-------|
| _____         | _____        | _____ |
| _____         | _____        | _____ |
| _____         | _____        | _____ |
| _____         | _____        | _____ |

**DESCRIPTION OF ACADEMIC PROBLEM(S)/JUSTIFICATION OF ASSISTANCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUTORIAL REQUEST**  
(Must include all tutors)

NAME(S) OF TUTOR(S)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| NUMBER OF HOURS | RATES PER HOUR | SUBTOTAL COST | NUMBER OF HOURS | RATES PER HOUR | SUBTOTAL COST |
|-----------------|----------------|---------------|-----------------|----------------|---------------|
| _____           | _____          | _____         | _____           | _____          | _____         |
| _____           | _____          | _____         | _____           | _____          | _____         |

TOTAL COST: \_\_\_\_\_

Required signature on back of this form

|                        |        |
|------------------------|--------|
| RECIPIENT'S SIGNATURE  | DATE   |
| ADVISOR'S NAME (Print) | DATE   |
| ADVISOR'S SIGNATURE    | PHONE: |

**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

**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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