

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT**

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

**CLASS ENROLLMENT:** List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	COURSE TITLE	HRS.	COURSE NUMBER	COURSE TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

During this report period I will participate in the following special activities in my school or community:  
\_\_\_\_\_  
\_\_\_\_\_

During this report period I have encountered the following problems with my school, community or scholarship:  
\_\_\_\_\_  
\_\_\_\_\_

Major activities which will affect me in the coming months are:  
\_\_\_\_\_  
\_\_\_\_\_

Continues on back

Additional comments:

---

---

---

---

STUDENT'S SIGNATURE		DATE
ADVISOR OR REGISTRAR NAME (Print)	POSITION TITLE	DATE
ADVISOR OR REGISTRAR SIGNATURE	PHONE: CELL <input type="checkbox"/> OFFICE <input type="checkbox"/>	

**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.

---