

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
NOTICE OF IMPENDING GRADUATION**

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

GRADUATION DATE (month/day/year): _____

COLLEGE/UNIVERSITY: _____

TYPE OF DEGREE: _____

Have you reviewed the IHS vacancies database? Yes No

Have you applied for placement at an IHS, Tribal or Urban facility? Yes No

Have you contacted your IHS Discipline Chief? Yes No

Do you need assistance seeking placement to fulfill your service obligation? Yes No

COMMENTS: _____

RECIPIENT'S SIGNATURE	DATE
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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 10 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.
