

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
SUMMER SCHOOL REQUEST**

A Summer School Request must be received by your IHS Scholarship Program analyst by April 22
in order for an applicant to be eligible for Summer School.

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

TYPE OF SUMMER SCHOOL REQUEST: Repeat/Curriculum Required Course Work
 Year Round Curriculum (use back of form)

ENROLLMENT STATUS: Full-time Part-time

EXPLAIN YOUR REQUEST FOR APPROVAL TO ATTEND SUMMER SCHOOL: _____

REPEAT/CURRICULUM REQUIRED COURSE WORK
(Please include all courses required)

SUMMER SESSION I:		FROM _____	TO _____
COURSE NUMBER	TITLE		HRS.
_____	_____		
_____	_____		
_____	_____		

SUMMER SESSION II:		FROM _____	TO _____
COURSE NUMBER	TITLE		HRS.
_____	_____		
_____	_____		
_____	_____		

YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.

FUNDING REQUESTED (Must include tuition amount for each session):

	SUMMER SESSION I	SUMMER SESSION II
TUITION	_____	_____
FEES	_____	_____
TOTAL	_____	_____

Required signature on back of this form

YEAR ROUND CURRICULUM
(Please include all courses required)

SUMMER SESSION I:

FROM _____ TO _____

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

SUMMER SESSION II:

FROM _____ TO _____

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

YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.

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 6 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.
