DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE

FORM APPROVED: OMB Approval No. xxxx-xxxx Exp. Date: x/xx/xxxx

Required signature on back of this form

See Estimated Average Burden Time per Response on Reverse Side.

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.

		plicant to be eligible for ou			
RECIPIENT'S NAME	SOCIAL SECUR	SOCIAL SECURITY NUMBER			
ADDRESS		PHONE: CE	ELL HOME		
CAREER CATEGORY	IHS AREA OFFI	OE.	EMAIL ADD	DECC	
CANEEN CATEGORY	INS AREA OFFI	OE .	EIVIAIL ADL	ness	
SCHOLARSHIP PROGRAM: [☐ Preparatory	☐ Pre-Graduate	□Hea	Ith Professions	
TYPE OF SUMMER SCHOOL		eat/Curriculum Requi Round Curriculum (u			
ENROLLMENT STATUS:	ull-time □ Part	t-time			
EXPLAIN YOUR REQUEST FOR	R APPROVAL TO AT	TEND SUMMER SCH	1001 ·		
D.W. D. WITTOOTT TEQUEST FOR	., ., ., ., ., ., ., ., ., ., ., ., ., .	TEND COMMENT CO.			
		ULUM REQUIRED C			
	(Please	include all courses requi	irea)		
SUMMER SESSION I:	T.T. C		FROM	TO	LIDO
COURSE NUMBER	TITLE				HRS.
SUMMER SESSION II:			FROM	то	
COURSE NUMBER	TITLE				HRS.
VOLUME OF CURNIT	DOCUMENTATION	LTO OLIDOTANTIATI	TUESE SOUD	DE DECLUDEM	-NTO
YOU MUST SUBMIT			THESE COURS	SE REQUIREME	EN 1 S.
FUNDING REQUESTED (Must in	nclude tuition amount for	each session):			
	SUMMER SESSION I		SUMMER SI	ESSION II	
TUITION					
FEES					
TOTAL					
TOTAL					

IHS-856-21

YEAR ROUND CURRICULUM (Please include all courses required)				
SUMMER SESSION I:		FROM	TO	
COURSE NUMBER	TITLE	FNOW!	HRS.	
SUMMER SESSION II: COURSE NUMBER	TITLE	FROM	TO	
YOU MUST SUBMIT RECIPIENT'S SIGNATURE	DOCUMENTATION	TO SUBSTANTIATE THESE COURS	SE REQUIREMENTS.	
ADVISOR'S NAME (Print)			DATE	
ADVISOR'S SIGNATURE		PHONE:		
	A 801 T	Return to: S Scholarship Program attn: Program Analyst hompson Ave., Suite 120 Rockville, MD 20852		
Reviewed (IHS use only): Analyst, Bran	ch Chief or Designee			
E	STIMATED AVERA	GE BURDEN TIME PER RESPONSI	E	
time for reviewing ins completing and revie not required to respo Send comments reg	tructions, searching exis wing the collection of inf and to, a collection of in arding this burden estim	offormation is estimated to average 6 minutes perting data sources, gathering and maintaining the formation. An agency may not conduct or spon formation unless it displays a currently valid Olate or any other aspect of this collection of in an Health Service, IHS Scholarship Program, 8	e data needed, and sor, and a person is MB control number. formation, including	