

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
CHANGE OF NAME OR ADDRESS**

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

INDICATE THE CHANGE YOU WOULD LIKE TO MAKE: NAME ADDRESS

NEW NAME: _____

If you have officially changed your name you must attach the appropriate legal documentation.
(e.g., marriage certificate).

If you are changing your address, complete the section below. Please note that a change of address
that is processed after the 10th of the month will not take affect until the following month.

NEW ADDRESS: _____

_____ City State Zip Code

NEW PHONE: Cell Home _____

DATE OF CHANGE: _____

CHECK THE APPROPRIATE BOX:

- I am enrolled in an undergraduate/graduate health or allied health professions program
- I am completing an IHS-approved post-graduate clinical training program
- I am fulfilling my service obligation

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 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.
