DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE					FORM APPROVED: OMB Approval No. xxxx-xxxx Exp. Date: x/xx/xxxx	
PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM ANNUAL STATUS REPORT						
RECIPIENT'S NAME			SOCIAL SECURITY NUMBE	R		
ADDRESS						
CAREER CATEGORY	IHS AREA OFFICE			EMAIL ADDRESS		
ASSIGNMENT:	T: Indian Health Service Urban Indian Health Program					
NAME OF FACILITY	Private Practice Tribal Facility					
ADDRESS						
MY CURRENT POSITION TITLE:						
EMPLOYEE'S SIGNATU	RE				DATE	
SUPERVISOR'S TITLE (Print)		PHONE		I	
SUPERVISOR'S SIGNAT	rure				DATE	
Reviewed (IHS use	only): Analyst, Branch Chief or D	IHS Scholar Attn: Prog 801 Thompsor Rockville,	Irn to: ship Program ram Analyst n Ave., Suite 120 MD 20852			
IHS-856-16					EF	

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 15 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.