

**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)

<b>SUMMER SESSION I:</b>		FROM _____	TO _____
COURSE NUMBER	TITLE		HRS.
_____	_____		
_____	_____		
_____	_____		

<b>SUMMER SESSION II:</b>		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.

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