

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

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

*See Estimated Average Burden Time
per Response on Reverse Side.*

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
LOST STIPEND PAYMENT**

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

Attention Grants/Financial Management:

I did not receive my Electronic Funds Transfer (EFT) in the amount of \$ _____ for
the month of _____. I believe the EFT was not received for the following reason:

_____.

Please trace and reissue as soon as possible.

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

Return to:
IHS Division of Grants Operations
Attn: Grants Scholarship Coordinator
801 Thompson Ave., Suite 120
Rockville, MD 20852

Reviewed (IHS use only): _____
Grants Scholarship Coordinator

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 Scholarships Branch, 801 Thompson Ave., TMP-450, Rockville, MD 20852.
