

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT**

| | |
|------------------|------------------------|
| RECIPIENT'S NAME | SOCIAL SECURITY NUMBER |
|------------------|------------------------|

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|---------|--|
| ADDRESS | PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/> |
|---------|--|

| | | |
|-----------------|-----------------|---------------|
| CAREER CATEGORY | IHS AREA OFFICE | EMAIL ADDRESS |
|-----------------|-----------------|---------------|

SCHOLARSHIP PROGRAM: Preparatory Pre-Graduate Health Professions

ENROLLMENT STATUS: Fall Winter Spring Summer
 Semester Quarter Trimester
 Full-time Part-time

CLASS ENROLLMENT: List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

| COURSE NUMBER | COURSE TITLE | HRS. | COURSE NUMBER | COURSE TITLE | HRS. |
|---------------|--------------|-------|---------------|--------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

During this report period I will participate in the following special activities in my school or community:

| |
|-------|
| _____ |
| _____ |
| _____ |

During this report period I have encountered the following problems with my school, community or scholarship:

| |
|-------|
| _____ |
| _____ |
| _____ |

Major activities which will affect me in the coming months are:

| |
|-------|
| _____ |
| _____ |
| _____ |

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Additional comments:

| | | |
|-----------------------------------|--|------|
| STUDENT'S SIGNATURE | | DATE |
| ADVISOR OR REGISTRAR NAME (Print) | POSITION TITLE | DATE |
| ADVISOR OR REGISTRAR SIGNATURE | PHONE: CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> | |

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.
