

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PREFERRED PLACEMENT**

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

**BACKGROUND**

GRADUATION DATE: \_\_\_\_\_  
DEGREE OBTAINED: \_\_\_\_\_  
COLLEGE/UNIVERSITY: \_\_\_\_\_  
DESCRIBE YOUR PREFERRED WORK ASSIGNMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MY SERVICE COMMITMENT IS FOR A PERIOD OF \_\_\_\_\_ YEARS.

**INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR PLACEMENT:**

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Albuquerque | <input type="checkbox"/> California   | <input type="checkbox"/> Oklahoma City |
| <input type="checkbox"/> Anchorage   | <input type="checkbox"/> Great Plains | <input type="checkbox"/> Phoenix       |
| <input type="checkbox"/> Bemidji     | <input type="checkbox"/> Nashville    | <input type="checkbox"/> Portland      |
| <input type="checkbox"/> Billings    | <input type="checkbox"/> Navajo       | <input type="checkbox"/> Tucson        |

**INDICATE YOUR PREFERRED IHS, TRIBAL OR URBAN INDIAN PROGRAM FACILITY TO COMPLETE YOUR SERVICE COMMITMENT:**

- (1) \_\_\_\_\_ (4) \_\_\_\_\_  
(2) \_\_\_\_\_ (5) \_\_\_\_\_  
(3) \_\_\_\_\_ (6) \_\_\_\_\_

I understand that I must submit a position description at my chosen Indian health facility for review and approval by the IHS Scholarship Program before beginning to fulfill my service commitment.

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
Indian Health Service  
Scholarship Program  
5600 Fishers Lane  
Mail Stop: OHR (11E53A)  
Rockville, MD 20857

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0006. This information collection is for the purposes of the Indian Health Service Scholarship Program to provide Preparatory, Pre-graduate, and Health Professions Scholarships to students pursuing health professions education and training and the information collected will be used to identify qualified American Indian/Alaska Native students. The time required to complete this information collection is estimated to average less than 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to obtain or retain a benefit (25 U.S.C. § 1613 and 25 U.S.C. § 1613a) and is subject to Privacy Act safeguards, 5 U.S.C. § 552a(e)(4) and the nature and extent of confidentiality is set forth in the Privacy Act and SORN # 09-17-0002, described at 74 FR 50222 (September 30, 2009). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, IHS Information Collections Clearance Officer, 5600 Fishers Lane, Mail stop: 09E70, Rockville, MD 20857.

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