

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
DEFERMENT APPROVAL REQUEST**

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

This document notifies the IHS Scholarship Program of your selected residency/training program,
if approved this will delay the service commitment incurred under 25 U.S.C. 1613a and pursuant to your Contract with IHS.

POST-GRADUATE CLINICAL TRAINING PROGRAM: _____

PROGRAM DIRECTOR (Name): _____

PROGRAM ADDRESS: _____

CITY STATE ZIP CODE

PHONE EMAIL ADDRESS

LENGTH OF PROGRAM: _____
START DATE END DATE

DATE AVAILABLE TO BEGIN SERVICE COMMITMENT: _____

EMERGENCY CONTACT INFORMATION

NAME		
ADDRESS	PHONE: CELL HOME	
CITY	STATE	ZIP CODE

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

Approved (IHS use only): _____

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 8 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.
