

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
VERIFICATION OF ACCEPTANCE OR DECLINE OF AWARD**

APPLICANT'S NAME		ADDRESS	
DEGREE PROGRAM	IHS AREA OFFICE	EMAIL ADDRESS	

Please indicate your acceptance or decline of an Indian Health Service scholarship award by checking the appropriate space below. Your scholarship award will not be issued until this form is completed and returned.

I accept the scholarship award for the 20 _____ – 20 _____ school year.

I decline the scholarship award for the 20 _____ – 20 _____ school year.

If you choose to accept this award, you must immediately provide us below with your permanent mailing address to which correspondence will be sent during the entire first year of scholarship funding.

Please complete the following information.

STREET ADDRESS / POST OFFICE BOX NUMBER		
CITY	STATE	ZIP CODE

Please note this is a change of address

APPLICANT'S SIGNATURE	DATE
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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 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.
