

**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

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, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.
