

**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**

Public reporting burden for this collection of information is estimated to average 30 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.

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