

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
NOTICE OF IMPENDING GRADUATION**

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

GRADUATION DATE (month/day/year): _____

COLLEGE/UNIVERSITY: _____

TYPE OF DEGREE: _____

Have you begun your job search? Yes No

Have you contacted an IHS recruiter, your Program Analyst or your Discipline Chief for assistance? Yes No

Have you applied for placement at an IHS, Tribal or Urban Indian Program facility? Yes No

Do you need assistance seeking placement to fulfill your service commitment? Yes No

COMMENTS: _____

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

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 10 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.
