

**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 |
|-----------------------|------|

**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): \_\_\_\_\_

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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.

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