

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
APPLICATION CHECKLIST**

The applicant must complete and forward this checklist with their application and required supporting documentation.  
Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	SOCIAL SECURITY NUMBER
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DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
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HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT?  Yes  No

If "Yes", enter below:

DEGREE TRACK \_\_\_\_\_

WHAT ACADEMIC YEAR ARE YOU APPLYING FOR? 20 \_\_\_\_\_ – 20 \_\_\_\_\_

I AM APPLYING FOR:

Preparatory Scholarship Program  Pre-Graduate Scholarship Program  Health Professions Scholarship Program

REQUIRED FORMS:

	<u>Online Option</u>	<u>Print Option</u>
1. Application Checklist (IHS-856-2)	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Bubble Sheet (IHS-856)	Submitted Online	<input type="checkbox"/>
3. Documentation for AI/AN Eligibility (Form BIA-4432)	<input type="checkbox"/>	<input type="checkbox"/>
4. Two Faculty/Employer Evaluations (IHS-856-3)	Submitted Online	<input type="checkbox"/>
5. Narrative Statements (IHS-856-4)	Submitted Online	<input type="checkbox"/>
6. Delinquent Federal Debt (IHS-856-5)	<input type="checkbox"/>	<input type="checkbox"/>
7. Federal Income Tax Withholding (Form W-4) Go to <a href="http://www.irs.gov">www.irs.gov</a> to download the form for the fall semester of the academic year for which you are applying.	<input type="checkbox"/>	<input type="checkbox"/>
8. Course Curriculum Verification (IHS-856-6)	<input type="checkbox"/>	<input type="checkbox"/>
9. Acknowledgment Card (IHS-815)	Submitted Online	<input type="checkbox"/>

REQUIRED DOCUMENTATION:

10. Letter of Acceptance from a College/University or Proof of Application to a Health or Allied Health Professions Program	<input type="checkbox"/>	<input type="checkbox"/>
11. Official Transcript(s): <input type="checkbox"/> All College(s)/University(s) <input type="checkbox"/> High School or Home School Equivalent <input type="checkbox"/> General Education Development (GED) <b>Official Use Only</b> – Cumulative GPA : Area Scholarship Coordinator Calculation: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Curriculum for Major Attach this documentation with your Course Curriculum Verification form.	<input type="checkbox"/>	<input type="checkbox"/>
13. Complete photocopy set Faculty/Employer Evaluations and Official Transcripts will be copied by IHS Scholarship Program staff	<input type="checkbox"/>	<input type="checkbox"/>

*I verify the application is complete, with all required forms, supporting documentation and original signatures.*

APPLICANT'S SIGNATURE	DATE
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