INDIAN HEALTH SERVICE

# STUDENT HANDBOOK





Your Health Career Starts Here



## **OUR MISSION**

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

## OUR GOAL

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

## **OUR FOUNDATION**

To uphold the federal government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures and to honor and protect the inherent sovereign rights of Tribes.

## **Discrimination Prohibited**

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance." Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

## **Privacy Act Notice**

#### General

This information is provided pursuant to the Privacy Act of 1974 (Public Law [P.L.] 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

#### Authority

Sections 751–757 of the Public Health Service Act and Sections 103 and 104 of the Indian Health Care Improvement Act (IHCIA; P.L. 94-437), as amended by the Indian Health Care Amendments of 1988, 1992, 1996 and 2010 (P.L. 100-713, P.L. 102-573, P.L. 704-313 and P.L. 111-148).

#### **Purposes and Uses**

In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (IHCIA; [P.L. 94-437]), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

In 1978, the Indian Health Service awarded its first scholarship, laying the educational foundation for American Indian and Alaska Native students to train as health professionals serving within Indian health communities. Today, the IHS Scholarship Program has grown to support, educate and place health care professionals within medically underserved Indian health programs throughout the continental United States and Alaska. Welcome to the first step of your journey with the Indian Health Service (IHS). Your scholarship award begins your commitment to aiding a medically underserved patient population while living and working in some of the most scenic destinations in the continental United States and Alaska. This handbook will give you the tools and information you need to ensure that you remain on the right path throughout your education.

You are not alone on this remarkable adventure. Although it is your responsibility to adhere to the program's policies, our staff is available should you have any questions. Turn to this handbook to reference any situations that may arise over the course of your studies.

Your reward will be a career as an Indian health professional, where your career path will be culturally rich and professionally challenging, and you will enjoy competitive pay, bonuses, comprehensive health care coverage, opportunities for advancement and much more.

An Indian health career provides you with the mission. How you meet the challenges within that mission is up to you. Along the way, you will be changing lives including your own.

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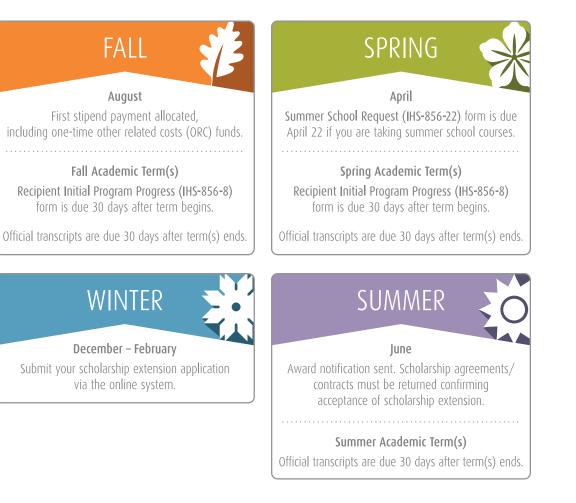
## Introduction





## Mark Your Calendar

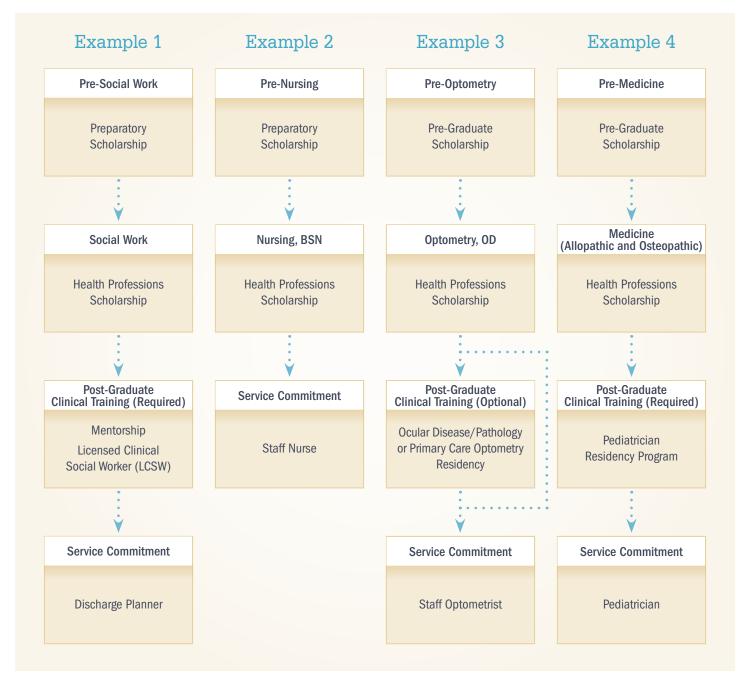
These are some of the important dates you need to know regarding your award and maintaining your eligibility:





## **Determine Your Ideal Career Path**

The IHS Scholarship Program offers you the chance to follow the track that matches your academic pursuits and career goals with a multitude of degree programs designed to assist you in beginning your career as an Indian health professional. Whether you are a Preparatory or Pre-Graduate scholarship recipient or about to begin your career as a Health Professions scholarship recipient, there are a number of options available to explore. The chart below shows four examples detailing how to advance from scholarship recipient to a licensed or certified health professional at an Indian health facility.



## Maintaining Your Eligibility



Within this section, you will find detailed information about the academic and reporting requirements associated with an IHS scholarship. You are required to maintain a respectable academic record and also provide documentation that proves you achieved the objective of your degree program and fulfilled the courses you identified when you first applied for a scholarship.



Academic performance is a critical element of the IHS Scholarship Program. In order to maintain your eligibility, you will need a solid academic track record and a commitment to maintain your studies. You can use this section to guide you through the classroom requirements and get an idea of the goals and guidelines required for a successful academic portfolio.

## **Preparatory and Pre-Graduate Scholarships**

Preparatory and Pre-Graduate scholarship recipients must meet the following academic requirements to maintain eligibility:

- » Be in good academic standing with a minimum GPA of 2.0.
- » Be enrolled as a full-time (12 credit hours or the equivalent) or part-time (six to 11 credit hours) student for each academic term.
- » Maintain your enrollment status throughout the current academic year.
- » Maintain the required hours to meet the graduation or completion of training date as agreed to in your application.

## **Health Professions Scholarship**

Health Professions scholarship recipients must meet the following academic requirements to maintain eligibility:

- » Be in good academic standing according to the school's degree program policies.
- » Be enrolled as a full-time (12 credit hours or the equivalent) or part-time (six to 11 credit hours) student for each academic term.
- » Maintain your enrollment status throughout the academic year.
- » Submit a letter from the institution's program director verifying your full- or part-time status.
- » Maintain the required hours to meet the graduation or completion of training date as agreed to in your application.

## CHANGE IN ENROLLMENT STATUS

You are required to maintain your enrollment status as a full-time or part-time student throughout the current academic year. You must inform your Program Analyst immediately if you experience academic or personal issues that would result in the need to decrease your course load. Refer to Reporting **Requirements** for a detailed explanation of the forms needed to alert the program of academic or personal matters that could affect your academic status.

Academic success is the first step in maintaining your scholarship eligibility. An equally important and often overlooked aspect of the program is to keep track of the reporting requirements necessary to ensure you keep your scholarship support. This section details the required documentation you must provide throughout the academic year, as well as other documentation that may be needed to update the program on academic and/or personal matters.

## **In-school Checklist**

#### **Required Documentation**

- Recipient's Initial Program Progress Report (IHS-856-8) Due: Within 30 days of the beginning of each academic term.
- ☐ Your official transcript.
  Due: Within 30 days from the end of each academic term.

#### **Additional Forms**

Notification of Academic Problem (IHS-856-9)

**Due:** Immediately upon identifying that you are experiencing academic trouble that could result in a reduction of credit hours or withdrawal/dismissal from school.

Change of Status (IHS-856-10)

**Due:** Immediately upon deciding to transfer, seek dual enrollment or request a leave of absence or submitted with your continuation application if you are updating your status at that time.

Lost Stipend Payment (IHS-856-19)

**Due:** After the seventh day of the subsequent month from the month missed (for example, Dec. 7 if your stipend was not deposited in November).

- □ Summer School Request (IHS-856-21) Due: April 22 of the current academic year.
- Change of Name or Address (IHS-856-22)
   Due: Immediately upon change of name or address.

#### <u>Request for Credit Validation (IHS-856-23)</u>

**Due:** Immediately to permit the release of pertinent information from your file to those with whom you have applied for credit (for example, credit card company, bank, department store, property manager, etc.).

## **Required Documentation**

You are required to provide two pieces of documentation every academic term to verify your academic progress. You must submit this documentation, as described below, to maintain your scholarship eligibility and continue to receive financial aid.

## **Recipient's Initial Program Progress Report**

#### **GOOD TO KNOW**

If an official transcript cannot be made available within 30 days of the end of the academic term, an official grade report signed by your instructors and your advisor will be accepted. You are required to provide an official transcript once it is made available by your college/university.

Your financial aid will be suspended if official transcripts or other approved documentation are not submitted within 30 days. You must submit a <u>Recipient's Initial Program Progress Report (IHS-856-8)</u> form to your <u>Program</u> <u>Analyst</u> within 30 days of the beginning of every academic term. Your school advisor or the registrar's office must sign this form to verify that your enrollment status matches the enrollment status you identified when submitting your scholarship application and then accepting your award.

## **Official Transcripts**

You must submit an official transcript to your Program Analyst within 30 days of the end of every academic term. Copies of official transcripts or electronically produced grade reports are not accepted.

Official transcripts must arrive in a sealed envelope with the institutional seal and/or the signature of the registrar or via a secure e-file delivery. Do not remove official transcripts from your institution's original mailing envelope if you choose to submit a hard copy of your transcripts. Transcripts that appear to have been handled and/or altered in any way are not accepted. Contact your Program Analyst for delivery instructions if you elect to have your school's registrar office submit an electronic file of your transcripts.



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## **Additional Documentation**

The following forms are not required for submission every academic term; however, they must be used should you encounter academic trouble, transfer schools or seek dual enrollment, require a change in your documented graduation date, request a leave of absence from the program, change your name and/or address or permit the program to validate your credit.

## Notification of Academic Problem

You must submit a <u>Notification of Academic Problem (IHS-856-9)</u> form to your <u>Program Analyst</u> if you experience an academic problem that could affect your enrollment status.

Examples of situations when you should use this form include:

- » Reduction in credit hours.
- » Cancelled course.
- » Academic probation.
- » Withdrawal from school.
- » Dismissal from school.

### **GOOD TO KNOW**

Under no circumstances should you withdraw from a course(s) without notifying your Program Analyst. You could jeopardize your financial aid if you make a decision that affects your enrollment status or graduation date without prior approval from the program.

You will be required to submit additional mid-semester documentation if you are placed on academic probation by your college/university. You must continue to submit this documentation showing that you are in good academic standing until you are removed from academic probation.

If you withdraw or are dismissed from school, you will be in breach of your agreement/contract and liable for repayment of all financial aid. Preparatory and Pre-Graduate scholarship recipients are liable only for the repayment of financial aid received after withdrawing or being dismissed from school. Health Professions scholarship recipients are liable for all financial aid received per program breach of contract policies. Go to the <u>Breach of Contract and Default</u> section of the handbook for more information.



## **GOOD TO KNOW**

Transferring schools without prior approval from the IHS Scholarship Program will result in termination from the program. Health Professions scholarship recipients will be in breach of contract and placed in default.

## Change of Status

You must submit a Change of Status (IHS-856-10) form if you are requesting approval for a:

- » School transfer or dual enrollment.
- » Change in graduation date.
- » Leave of absence (LOA) from the program.

The following information provides additional explanation for each of these situations.

### Transfer/Dual Enrollment Request

The IHS Scholarship Program requires immediate notification (no later than 60 days) prior to the time of transfer or dual enrollment at a new school.

This request is not available to scholarship recipients in their first year receiving financial aid.

#### **Valid Reasons**

The IHS Scholarship Program will only approve a transfer/dual enrollment request during the current academic year for three reasons:

- 1. You are transferring to a school with an accredited program in your chosen health profession.
- 2. You are seeking dual enrollment at a school that offers course(s) required for your health profession degree program or to complete preparatory or pre-graduate requirements.
- 3. You are experiencing a personal and/or family hardship. Each case is considered on an individual basis.

### **Additional Documentation**

You must submit the following documentation, in addition to the <u>Change of Status (IHS-856-10)</u> form, in support of your transfer/dual enrollment request.

- » A letter from the school where you are transferring/seeking dual enrollment that:
  - Verifies your acceptance into an accredited program associated with your scholarship.
  - · Details your curriculum.
  - Lists the hours and courses earned at the previous school that the new school will accept.
- » Two <u>Faculty/Advisor Evaluation (IHS-856-24)</u> forms You must submit two hard copies of the evaluation forms if you are transferring during the current academic year. A transfer that will occur during the next academic year must be documented as part of your scholarship extension application.

The scholarship branch office will notify you of its decision within 10 business days of receipt of your request.

#### **Change in Graduation Date**

The program requires immediate notification if you anticipate a change in your graduation date. You must also submit documentation, signed by a school official, supporting this change.

The IHS Scholarship Program determines all requests on a case-by-case basis. If your request is denied, the program will discontinue your financial aid, grant you an LOA or find you in breach of your contract and place you in default.

#### **Change in Degree Program**

Immediately notify your Program Analyst of a change in degree programs. Preparatory and Pre-Graduate scholarship recipients will be required to apply as new applicants and compete against all other applicants if they choose to remain within the program. Health Professions students must get approval prior to leaving their current program.

All requests made by Health Professions scholarship recipients are considered on a case-by-case basis and, if denied, those recipients must complete their current program or they will be in breach of their contract and placed in default.

### Leave of Absence (LOA)

The program considers LOA requests on a case-by-case basis. First-year recipients are not eligible. If you require a leave of absence during your first year as a recipient, the program requires you to pay back the financial aid provided to you and to reapply and compete against new applicants if you want to reenter the program.

## LOA REQUESTS

The program will approve an LOA for one of two reasons:

- » Poor performance on required courses.
- » Medical or family issues.

The program will not approve an LOA for:

- » Voluntary withdrawal from school without prior IHS Scholarship Program approval.
- » Involuntary removal from school (suspension or removal from a professional school or academic program).
- » Requests for time away from a normal degree track or a delayed graduation date to complete:
  - A joint degree program (for example, an MD/MPH and PharmD/MBA).
  - Additional majors or minors.

#### Approvals

The IHS Scholarship Program will discontinue all financial aid during the approved period of your LOA. The program will keep you in good standing until you are ready to submit a scholarship extension application and reenter the program. You will remain in the active-non-pay status as long as your Program Analyst is kept informed of your academic status.

Current policy limits an LOA to a maximum of two consecutive years, with annual requests for continued LOA approval.

#### Name Change

Legal documentation (for example, a marriage certificate) must accompany a <u>Change of Name or</u> <u>Address (IHS-856-22)</u> form before the IHS Scholarship Program will update your profile.

#### **Mailing Address**

You are required to have an official mailing address for IHS Scholarship Program correspondence during the length of your scholarship award. A change in your mailing address may cause a delay or loss of correspondence. If your address does change, you must submit a <u>Change of Name or Address</u> (<u>IHS-856-22</u>) form. Address changes received after the tenth day of each month will not take effect until the following month. Previous scholarship recipients have encountered delays of up to eight weeks in receiving their correspondence when changing their address and failing to notify the IHS Scholarship Program.

Note: If you change your email address, please notify your Program Analyst through email there is no official documentation required.

#### **Request for Credit Validation**

You are required to submit a <u>Request</u> for <u>Credit Validation (IHS-856-23)</u> form to your Program Analyst to permit the release of pertinent information from your file to those with whom you have applied for credit (for example, credit card company, bank, department store, property manager, etc.).



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## **Required Documentation**

As you near the end of your journey as an IHS scholarship recipient, you will need to submit final documentation confirming your graduation and provide proof of licensure and/or board certification, if applicable. These final steps will ensure you are prepared for the next stage of your professional career, whether it's moving on to post-graduate clinical training or beginning your Indian health career.

All graduating recipients are required to submit the following documentation during and after their final term of school:

## Notice of Impending Graduation (IHS-856-13)

You must send a <u>Notice of Impending Graduation (IHS-856-13)</u> form to your IHS Scholarship Program Analyst at the beginning of your final academic term.

## **Other Documentation**

You must submit the following documentation after graduation:

- » A copy of your diploma.
- » An official transcript documenting the degree awarded.
- » A copy of your license or board certification, if applicable.

## Pre-Training and Pre-Employment Documentation

To find out more information about post-graduate clinical training or your service commitment, please review the *Service Commitment Handbook*, which provides important details regarding the next stage of your Indian health career.

## **IHS Scholarship Program Contract**

As a Health Professions scholarship recipient, you enter into a contractual agreement with the Indian Health Service when accepting an IHS scholarship. Your <u>IHS Scholarship Program Contract (IHS-</u><u>818)</u> states that the Indian Health Service will provide you financial support to pursue and obtain a health professions degree in exchange for the commitment to serve a Native community as a health professional at an approved Indian health facility. The IHS will pursue breach of contract and default proceedings should you be unable to fulfill this agreement in order to recoup the financial commitment provided in support of your education.

## Failure to Complete Academic Training

You will be liable to the US government for repayment of all Health Professions scholarship financial aid paid to you and to your school on your behalf if you are dismissed from school for academic or disciplinary reasons or voluntarily withdraw from the program before graduating. Payment must be made within three years from the date of the breach of contract or such longer period as specified by the HHS Secretary.

## Failure to Begin or Complete Your Service Commitment

You will be found in breach of your contract and placed in default by failing to begin or complete your service commitment.

## **Default Formula**

You are liable to repay three times the amount of all scholarship funding and benefits paid to you and to your school on your behalf, plus interest, as determined by the formula:

## A = 3Z([t-s]/t)

in which:

- A is the amount the United States is entitled to recover.
- **Z** is the sum of the amounts paid to or on behalf of the applicant and the interest on such amounts that would be payable, if at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate as determined by the Treasurer of the United States.
- t is the total number of months in the applicant's service commitment period.
- s is the number of months of the service commitment period the participant served.

The amount the United States is entitled to recover must be paid **within one year** of the date on which the applicant failed to begin or complete his or her service commitment or failed to meet the terms and conditions of deferment or a longer period beginning on a date specified by the HHS Secretary.

## Liability — Sample Calculation

A scholarship recipient received four years of support for medical school with tuition, fees and books at \$30,000 per year and a stipend of \$18,000 per year. The recipient completed a four-year Internal Medicine residency but failed to begin fulfilling his service commitment.

```
A = 3Z([t-s]/t)
Z = (4 x 48,000); [t = 48; s = 0]
A = 3(4 x 48,000)([48-0]/48)
A = 3(192,000)(1)
```

#### Amount Owed = \$576,000 (plus 10 percent interest per year\*)

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<sup>\*</sup> Interest rate used is maximum prevailing interest rate as determined by the US Treasurer. This example uses 10 percent. Interest is compounded based on federal regulations.

## Scholarship Extension Application

While immersed in your studies, you must remember to annually apply for an extension of your scholarship until you complete your education. Depending on your academic status, it's a process that should not take more than a half hour of your time, yet it's crucial that you set aside that time in order to maintain your status as a scholarship recipient. This section details the steps required to extend your scholarship support. Your Program Analyst can help you with any additional questions you may have regarding the application.



## **Submitting Your Application**

The <u>IHS scholarship extension application</u> is a 5-step process designed to allow you to update your status as a scholarship recipient, confirm that your contact information and school information is correct and submit the information to the program for review. You are also required to submit an application packet with the documentation identified on your Application Checklist in support of your application.

You must have all materials postmarked by the US Postal Service no later than the deadline. If you submit your materials via a commercial carrier such as FedEx or UPS, a legible, dated receipt from the commercial carrier is accepted as proof of timely mailing instead of a postmark. The IHS Scholarship Program branch office will not accept private metered postmarks.

#### Meeting the deadline is your responsibility; extensions will not be granted.

Your application packet must be mailed to the following address:

Indian Health Service Scholarship Program 801 Thompson Ave., TMP Suite 450A Rockville, MD 20852

### **ADVANCING TO A HEALTH PROFESSIONS DEGREE PROGRAM**

Preparatory and Pre-Graduate scholarship recipients who have completed their coursework or received a degree and would like to continue in the program as a Health Professions scholarship recipient can apply for a scholarship extension in a health professions degree program directly related to the undergraduate coursework or degree program they completed (for example, Pre-Medicine to Medicine or Pre-Nursing to Nursing). Remember, only members of federally recognized Tribes or Alaska Villages are eligible to receive a Health Professions scholarship.



See the IHS Scholarship Comparison Chart for a list of eligible degree programs.

#### **CHANGE IN DEGREE PROGRAM**

Preparatory and Pre-Graduate scholarship recipients who elect to change their degree program (for example Pre-Dietetics to Pre-Nursing or Pre-Medicine to Pre-Physical Therapy) must apply as a new applicant and compete against other applicants seeking a scholarship in that program.

Health Professions scholarship recipients cannot change their degree program (for example, Pharmacy to Medicine) without prior approval from the Director, Division of Health Professions Support (DHPS). If you receive approval, the IHS Scholarship Program will update your recipient profile with your new degree program so that you can submit your extension application and continue receiving scholarship support.

Contact your Program Analyst before changing your degree program to discuss how doing so will affect your status as an IHS scholarship recipient.

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## **Application Packet**

You will need to submit an application packet containing a printed copy of your application, Application Checklist and your supporting documentation with original signatures, as required. You must sign all copies requiring a signature using your full name and date in **black or blue ink.** The program recommends that you make an additional copy to keep for your records.

The following documentation must be submitted as part of all application packets:

- » Application: Print after submitting the online application.
- » Application Checklist: Print after submitting the online application. Original signature required.
- » Letter of Good Academic Standing: Your advisor must complete and sign this form.
- » Delinquent Federal Debt (IHS-856-5): Original signature required.
- » Course Curriculum Verification (IHS-856-6): Original signature required.

## Scholarship Extension, Transfer or Dual Enrollment

You must also include the following forms if you are applying for a scholarship extension while advancing from a Preparatory or Pre-Graduate scholarship to a Health Professions scholarship, transferring schools or seeking dual enrollment:

- » Letter of Acceptance/Proof of Application
- » Faculty/Advisor Evaluation (IHS-856-24): Submitted online. You can submit two hard copies if selected evaluators cannot access the online form.
- » Change of Status (IHS-856-10)

## Change in Graduation Date/LOA Request

You must also include the following form if you are changing your graduation date or requesting a leave of absence:

» Change of Status (IHS-856-10)

### Other Documentation

You must provide an official transcript as part of your application packet if you have not submitted one within 30 days of the completion of your most recent academic term. Official transcripts must be mailed by your registrar's office in an official, sealed envelope with the institutional seal and/or signature of the registrar or sent via secure e-file to the IHS Scholarship Program branch office.

You must provide a curriculum for major if you experience a change in your curriculum that differs from the curriculum you submitted when you first applied. This change could be a result of a change in minor, a school initiated change in degree program requirements, etc.

Contact your **Program Analyst** if you have any questions.

The information you provide on your application and supporting documentation might be investigated and any willful misrepresentation will be cause to reject your application for an IHS scholarship award. If a scholarship has been awarded, willful misrepresentation will make you liable for repayment of awarded funds. False statements may be punished as a felony under US code, Title 18, Section 1001.

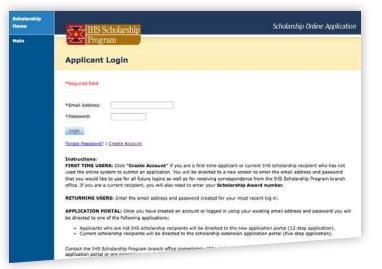
## **Apply Now**

You can access the scholarship extension application through the <u>Apply Now</u> page of the program website.

## **Applicant Login**

As a returning user of the online application system, you will need to enter the email address and password you used when you last successfully logged in to access the application portal.

Use the Forgot Password link to reset your password or contact your <u>Program Analyst</u> if you cannot remember the email address you last used to access the system.





Extensions are not guaranteed. You must apply and be recommended for an extension by the Director, Division of **Health Professions** Support (DHPS) based on your academic record, capability of graduating, ability to gain admission to a health professions program, completion of board certification and readiness to begin practice as of your documented graduation date.



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## **Scholarship Status**

The Scholarship Status page provides you the opportunity to update your status for the upcoming year, depending on the scholarship you currently fall under, including:

- » Requesting an extension of your existing scholarship support.
- » Advancing to a Health Professions scholarship degree program.
- » Changing degree programs.
- » Requesting a leave of absence.
- » Declining additional scholarship support.

If you select "requesting an extension of your existing scholarship" or "advancing to a Health Professions scholarship degree program," you'll be directed to the Instructions page to confirm that you understand what's required of you to submit a complete and eligible application and application packet. You'll then move to the application, where you can update your contact information, school information and graduation date (if necessary), identify Faculty/Advisor evaluators (if transferring/ seeking dual enrollment) and submit your application.

If you are requesting a leave of absence, changing degree programs or declining additional scholarship support, you will be required to update your Profile page (if necessary), provide an explanation for your decision and confirm that you understand how this decision will affect your standing in the program before submitting your status.

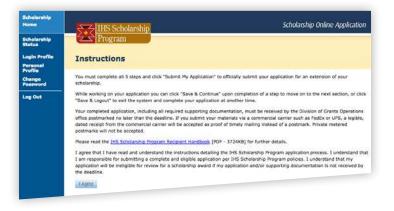
Scholarship Home	1HS Scholarship Scholarship Online Application
Scholarship Status	Program
Login Profile	Scholarship Status
Personal Profile	
Change	*Indicate your scholarship status for the 2015-2016 academic year:
Password	<ul> <li>I am applying for an extension of my Preparatory/Pre-Graduate scholarship.</li> <li>I am completing my preparatory, prerequisite or bachelor's degree courses and applying for a Health</li> </ul>
Log Out	Professions scholarship.
	1 am a Preparatory/Pre-Graduate scholarship recipient who is changing degree programs and applying as a new applicant.
	I am declining scholarship support.
	Continue

## **DECLINING ADDITIONAL SCHOLARSHIP SUPPORT**

Health Professions scholarship recipients who decline additional scholarship support must continue to submit a <u>Recipient's Initial Program Progress Report (IHS-856-8</u>) and an official transcript each semester, as well as any other forms notifying the program of academic/personal issues, change of address, etc., until they graduate from their degree program and begin to fulfill their service commitment. You will be found in breach of your contract and placed in default if you fail to fulfill all recipient and contractual commitments.

## Instructions

This step verifies that you understand the application process and requirements.



## Step 1: Profile

Your profile will be pre-populated with your personal contact information. Please verify that all the information is correct and make any necessary changes. You also have the opportunity to update the email address associated with your account if your current email address has changed.

ome	IHS Scholarship	Scholarship Online Applicati
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	Personal Information	
ng Out	#First:         KELLY ANNE           *Last:         SAMR           Email Address:         vslevy +610@mail.com         Change Email Address           *Phone 1         [000-000-0000]         [000-000-0000]           *Phone 2         [020-268-060]         [000-000-0000]	
	-Your Current Mailing Address -Current Address: pp sox sos	
	Address Line 2:	
	*City: GALLUP	
	*State: NEW MEXICO +	
	*ZIP: NM	
	Emergency Contact Information     Prease indicate a person or relative through whom you can always be located.	
	*Name: Mom	
	*Current Address: 1 Main St. *City: urbana	
	State: MARYLAND 2	
	*ZIP: 21111	
	*Phone: 123-456-7890 [000-000-0000]	
	Save Save & Continue	

## Step 2: College/University

## **Extending Your Existing Scholarship**

If you indicated on the Scholarship Status page that you are requesting an extension of your existing scholarship, your current college or university will be pre-populated along with your current enrollment status and projected graduation date. However, if you are planning to change your enrollment status, transfer to another school, begin dual enrollment status or change your date of graduation, you must note it here, as it will affect the documentation required as part of your application and application packet.

	Annual Linear Statements	Scholarship Online Application	
	IHS Scholarship		
ation	Program	TTP STEP STEP STEP STEP	
	Stop 2 of 5. College (University	La faire de la companya de	
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e/	Review and update your college/university information, if necessary.		
/ tion	College/University Information Degree Program: PREPHARMACY		
	College/University: UNIV OF MONTANA		
mation	In the ground state production		
e	-*Are you transferring to another college/university?		
5	Q Yes		
	No		
	-*Are you seeking dual enrollment at another college/university?		
	Yes		
	No		
	-*What will your residency status be for the 2015-2016 academic yea	0	
	Resident/In-State		
	Non-Resident/Out-of-State		
	School charges the same tuition and fees regardless of resident st	tatus	
		Management and the	
	*What do you expect your enrolment status to be at the start of the	2015-2016 school year?	
	<ul> <li>Full Time (12 credit hours or more)</li> </ul>		
	Part Time (6-11 credit hours)		
	-*Do you need to change your anticipated graduation date? May 20	09	
	O Yes		and the second s
	<ul> <li>No</li> </ul>		
	Save & Continue		
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## Advancing to a Health Professions Degree Program

If you indicated on the Scholarship Status page that you are advancing from your Preparatory/ Pre-Graduate degree program to a Health Professions degree program, you will be required to provide or confirm the following information:

- » Your enrollment status at the college/university that you will attend/plan on attending during the next academic year.
  - Accepted for enrollment.
  - Awaiting word on your application for enrollment.\*
- » Residency status.
- » Your anticipated enrollment status (full time or part time).
- » The hours of coursework you plan to be enrolled in for the fall semester.

Use the "Help?" link where indicated if you need further assistance.

\* If you are currently applying to school(s) but have not been accepted for enrollment, you must enter information for the school that is your first choice to attend during the coming school year. All other schools to which you have applied should be listed in the last question of this step. A <u>Course Curriculum Verification (IHS-856-6)</u> form is required with your application packet for each school you are considering attending as an IHS scholarship recipient.

Scholarahlp Home	HS Scholarship	Scholarship Online Application
Online	Program	STEP STEP STEP STEP
Application Home		
Account	Step 2 of 5: College/University	Save & Logout
Personal Info		
Change Paseword	*Required field	
Profile		
College/	-* Identify your enrollment status at your current or preferred college/university for the 20	15-2016 school year:
University	<ul> <li>Accepted for Enrollment</li> </ul>	
Log Out	<ul> <li>Applied for Enrollment</li> </ul>	
		2) 
	* Indicate your residency status at your current or preferred college/university:     @ Resident/In-State     Non-Resident/Out-Of-State     School charges the same tuition and fees regardless of resident status	
	Indicate your anticipated enrollment status for the 2015-2016 academic year:	
	Full Time (12+ credit hours)     Part Time (6-11 credit hours)	
	Indicate the number of credit hours you are or will be enrolled in for the 2015-2016 fail se	mester: [12 :]
	Save & Continue	

## 22

## Step 3: Faculty/Advisor Evaluations

If you are continuing your current degree program at your current college/university, you are not required to submit Faculty/Advisor Evaluations. Click "Save and Continue" to move on to Step 4: Confirmation of Information.



If you indicated on the College/University page that you are transferring schools, seeking dual enrollment or advancing from a Preparatory/Pre-Graduate scholarship degree program to a Health Professions scholarship degree program, you are required to have two <u>Faculty/Advisor Evaluation</u> (<u>IHS-856-24</u>) forms completed in support of your application. The online system will send an email with a link to the online evaluation form to your identified evaluators.

## **GOOD TO KNOW**

The IHS Scholarship Program recommends that you contact your chosen evaluators to request permission to use them as references. Once you have received their permission, it is your responsibility to ensure that the evaluators you've selected have received and completed the online form by the deadline. If the form is not in their inbox, ask that they check their Junk or Spam folder.

lome	IHS Scholarship		Scholarship Online Applicatio
plication	Program		STEP STEP STEP STEP STEP STEP
ccount	Step 3 of 5: Faculty/Ad	visor Evaluation	Save & Logout
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hange assword	*Required field		
ofile	Please provide contact information for two f	faculty members or advisors who ci	an adequately evaluate you on:
pliege/ niversity	<ul> <li>Educational/work achievement</li> <li>Relationships with people</li> <li>Potential to work as a health profession</li> </ul>	ional	
culty/ tvisor reluation	The IHS Scholarship Program recommends references.	that you contact your chosen evalu	ators to request permission to use them as
onfirmation	Evaluators cannot be related to you by bloo	od or marriage.	
Information			ur evaluation. It is your responsibility to follow up
og Out		iress with the appropriate evaluator	er of your evaluators do not have online access or an r information and then download a copy of the plete.
			ed to the Division of Grants Operations postmarked <u>n Recipient Handbook</u> [PDF - 3190KB] for more
	-Evaluator #1		
	*First Name:	lobe	
	Last Name:		
	*Email Address:		
	*Phone Number:		
	Priorie Humber.	[000-000-0000]	
	Submit Evaluator	free eres erest	
	(Jacon Canada)		
	Evaluator #2		
	•First Name:	Jane	
	*Last Name:	Doe	
	Email Address:	jane@gmail.com	
	*Phone Number:	123-456-7890	
		[000-000-0000]	
	Submit Evaluator		

## Step 4: Confirmation of Information

The Confirmation of Information pages provide you with an opportunity to ensure all of your information is correct before submitting your application. Please review the information you've entered and, if correct, move on to Step 5: Submit Application.

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Personal Info			
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Profile	Personal Information		
College/ University	Name: WINSHIP, PATRIC	14	
Faculty/	Phone 1: 211-840-2178		
dvisor Ivaluation	Phone 2: 219-923-3433		
onfirmation	Current Mailing Address		
of Information	Address: 513 TIMBERLANE City: WINTERHAVEN		
Integrity	State: CA		
Log Out	ZIP: 21111		
	Emergency Contact		
	Name: Mom		
	Address: 1 Main St.		
	City: urbana		
	State: MD		
	ZIP: 21111		
	Phone: 301-222-3333		
	College/University Information		
	Degree Program: PREPHARMACY		
	College/University: UNIV OF MONTAN	Α.	
	Resident Status: Resident/In-State		
	Enrollment Status: Full Time		
	Graduation/Completion Date: 5/2009		
	Previous Next		

## **Step 5: Submit Application**

You must complete this step to officially submit your application through the online system. In addition to the online submission, you will need to mail your application packet containing a printed copy of your application, the Application Checklist and your supporting documentation with original signatures, as required, to the IHS Scholarship Program branch office.



## Letter of Good Academic Standing

Applicants applying for an extension of scholarship support under the same degree program must submit a letter of good academic standing signed by their advisor.

## Letter of Acceptance/Proof of Acceptance

If you are applying for a scholarship extension while advancing from a Preparatory or Pre-Graduate scholarship degree program to a Health Professions scholarship degree program, transferring schools or seeking dual enrollment for the next academic year, you must also submit a letter of acceptance or proof of application for that school in the same degree program with your application.

**Preparatory and Pre-Graduate Scholarship Applicants:** A general school acceptance letter will satisfy this requirement.

**Health Professions Scholarship Applicants:** You are required to submit the most current letter of acceptance that you have received documenting your acceptance into the same health profession degree program. A letter of general admission to your college/university is not acceptable.

If you have applied to more than one school and are waiting for acceptance, you must include letters from **all** of the schools to which you have applied stating that your application for admission has been received. These letters must include the date you will receive formal acceptance. You must submit your official letter of acceptance no later than May 1. Later dates of acceptance will be considered on a case-by-case basis if there is documentation from the school to this effect.

### Preparatory and Pre-Graduate Scholarship Letter of Acceptance is for example purposes only.

Health Professions Scholarship Letter of Acceptance is for example purposes only.

ARIZONASTATE UNIVERSITY	UNIVERSITY#AR	KANSAS
Juniary 11, 2007	Bence Mann School of Narring College of Education and Health Professions	217 Osak Hall Foyensville, Advanue 7220 (479) 575-3218 (7AX) (479) 575-3218 (7AX)
Dur	February 6, 2007 To Whorn It May Concern: Advances in the Despote for fifting concenter in the pro- continue in the program for the fall sensester. Thank yos, Professor and Director	sol of Nursing at the University of gram as of Jamuary, 2007. She will
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## **GOOD TO KNOW**

If you have applied to more than one school and are waiting for acceptance, you must include letters from all of the schools to which you have applied stating that your application for admission has been received.

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## **Delinquent Federal Debt**

The <u>Delinquent Federal Debt (IHS-856-5)</u> form provides you an opportunity to identify any delinquent federal debt past due on your scheduled payments. Federal debt includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS does not consider deferred loans to be delinquent.

You must complete and sign this form and include it with your application. Fill in your name, degree program, Social Security number, email address and the IHS Area office you selected when you originally applied and received your IHS scholarship. Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO," sign and date the form at the bottom and submit it with your application.

## **GOOD TO KNOW**

You are required to provide a notarized power of attorney document authorizing the release of information to the IHS Division of Grants Management to inquire about your debt. IHS will not consider your extension application if you do not include this authorization. **If you are delinquent on the repayment of any federal debt**, check "YES." Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as student loan or HUD mortgage, for example), the name and phone number of a contact person handling your debt and the account number.

Additionally, you are required to provide a notarized power of attorney document (in some cases, the federal agency may require you to use its own power of attorney document) authorizing the release of information to the IHS Division of Grants Management to inquire about your debt. IHS will not consider your extension application if you do not include this authorization. If you have any questions regarding the power of attorney, contact the <u>IHS Division of Grants Management</u>. An example is provided on the next page for your reference.

I, of
do hereby authorize the IHS Division of Grants Operations
to inquire on my debt to the, for my benefit to remain eligible as
an IHS scholarship applicant.
This Power of Attorney is granted for a period of one year and shall become effective on
and shall terminate on
Specified Date
Executed this day of, 20 at
[print name] Notary Acknowledgement State of
On this the day of, 20, before me,
the undersigned officer, personally appeared,
known to me or proven satisfactorily to be the person whose name is subscribed to the within instrument,
and acknowledge that he or she executed the same for the purposes therein contained.
In witness whereof, I hereunto set my name and official seal.
[signature of notary]
My Commission Expires: [insert official seal]

## **Course Curriculum Verification**

Your current advisor or counselor must verify and sign the <u>Course Curriculum Verification (IHS-856-6)</u> form, which is used to confirm that the courses you plan to take during the coming academic year are consistent with the curriculum for the major you submitted when you first applied for a scholarship.

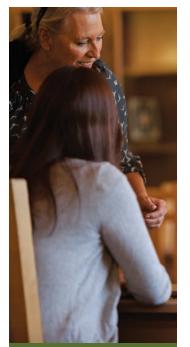
You are required to list the courses in which you have enrolled or plan to enroll based on your school's academic term (semester, quarter or trimester). Include the course number, credit hours and course title when completing the form. Fill in the total number of credit hours for each term in the space to the right of each section.

Provide the completed form to your advisor or counselor for verification, reminding him or her to sign, date and provide his or her title and phone number.

## **GOOD TO KNOW**

Be advised that courses not required for your degree program will not count toward determining your full-time or part-time enrollment status. Your Area Scholarship Coordinator can serve as a proxy advisor if you are transferring to a new school or cannot get in contact with your advisor. You must request that he or she reviews and signs this document for submission with your application.





## **GOOD TO KNOW**

The Faculty/Advisor Evaluation form only applies to those recipients applying for a scholarship extension while advancing from a Preparatory/Pre-Graduate scholarship degree program to a Health Professions scholarship degree program, transferring schools or seeking dual enrollment.

## Faculty/Advisor Evaluations

Your Faculty/Advisor Evaluations forms will be submitted as part of the online application. A hard copy of these forms is required with your application packet only if a faculty/advisor evaluation(s) cannot be completed through the online system.

If your selected evaluators do not have email access or are unable to access the forms, you are required to submit two completed <u>Faculty/Advisor Evaluation (IHS-856-24)</u> forms with original signatures. A letter of recommendation without this form is not acceptable.

If you use the hard copy forms, make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest (bottom of form) certifying that the evaluator is not related to you by blood or marriage and can attest that the evaluation provided is accurate. Any false representation is sufficient cause for rejection of your application.

## **Official Transcripts**

You must submit an official transcript as part of your application packet if you were unable to meet the deadline of 30 days after term. Copies of official transcripts or electronically produced grade reports are not accepted.

Official transcripts must arrive via a secure e-file delivery or in a sealed envelope with the institutional seal and/or the signature of the registrar. Contact your Program Analyst for delivery instructions if you elect to have your school's registrar office submit an electronic file of your transcripts. If you choose to submit a hard copy of your transcripts, do not remove official transcripts from your institution's original mailing envelope. Transcripts that appear to have been handled and/or altered in any way are not accepted.

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## **Curriculum for Major**

You will need to submit a copy of your course curriculum for your major if your curriculum has changed since submitting this documentation with your initial application for an IHS scholarship. Examples of changes include a change in minor or a school-initiated change to your degree program requirements.

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FRESHMAN YEAR		SOPHOMORE YEAR	
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lourse	Hours	Course	Hours
2NGL         1013 Composition I           MATH         1203 College Algebra (or higher)           100L         1543 / Block1541L Principles of Biology           2HEM         1074 /1071L Fundamentals of Chemistry	3 4 <u>5</u> 15	*Social Science (novoj HESC 1403) HESC 1403 La Sopia Development 'U.S. Hintoy ENGL. 2003 Advanced composition (or Exempt) BIOL 2213 & 2211L Human Physiology wiLab Elective	3 3 3 0- 4 1 1
Semester II		Semester 11	
ENGL 1023 Composition II Social Science (except HESC 1403) NURS 2022 Inco to Professional Nursing Concepts BIOL 2443 & 2441L Human Anatomy w/Lab Electrive	3 2 4 2 15	PHIL 2003, 2103, or 3103 Intro to Philosophy. Ethics, or Medical Ethics "Fine Ares or Humanitic (select from category a), c), or d BIOL. 2015/2011. Microbiology w1.ab NURS 2023 Therapeutic Communication NURS 2012 Therapeutic Communication NURS 2012 Norming Informatics EDFD 2403 Statistics to Naming, PSVC2013 or STAT2	
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## Financial Aid



## **Program Policies**

The IHS Scholarship Program pays for tuition and required fees (calculated by the educational institution) directly applicable to your approved curriculum and scholarship requirements. Required fees include lab, health unit and parking permit fees. IHS will cover the cost of a basic parking permit as required to park on campus. You will be responsible for additional costs if you upgrade your permit to allow for parking closer to your classes.

You must submit a copy of your scholarship award letter to your school's business office and financial aid office once it is received from the Division of Grants Management. This letter officially notifies your school of your participation in the IHS Scholarship Program and includes invoice and payment instructions (allowing your school to bill IHS directly).

Your scholarship award is dependent on your maintaining your approved course load and chosen degree program. Any substantial differences between your official transcripts and the <u>Course Curriculum Verification (IHS-856-6)</u> form you submitted in support of your scholarship application can result in the loss of your financial aid.

Summer school is not included as part of your tuition and fees. Scholarship support for summer courses must be requested annually, no later than April 22. Refer to the <u>Summer School</u> section for more information.

### **Unapproved Coursework**

Academic work not covered under your financial aid package includes:

- » Dual degree (for example, a Master of Public Health in addition to the degree in your health profession or a second major in a degree track unrelated to the core health curriculum, such as business administration).
- » Courses that must be repeated due to poor academic performance. IHS will assist with paying for these courses only if they are taken during summer school.
- » Courses unrelated to your approved degree program.
- » Audit courses.

### Changes in Coursework

As part of the application process, you submitted a <u>Course Curriculum Verification (IHS-856-6)</u> form and your curriculum for major (if applicable) detailing the courses you will take for your chosen major in the coming academic year, as well as those required to obtain your degree. The program uses this information to determine whether you are following your required curriculum and verifies that you are on pace to graduate on time.

If unavoidable changes should occur (the school makes changes to the curriculum or classes or the classes are filled or cancelled), you are required to submit a <u>Notification of Academic Problem</u> (<u>IHS-856-9</u>) form to your Program Analyst immediately documenting the changes that have occurred. Your Program Analyst will work with you to determine the best course of action to take and how the changes will affect your financial aid.

### **GOOD TO KNOW**

Summer school is not included as part of your tuition and fees. Scholarship support for summer courses must be requested annually, no later than April 22. Refer to the <u>Summer</u> <u>School</u> section for more information.

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## **Monthly Stipend**

You will receive a monthly stipend at the end of each month via direct deposit to assist with your education and living expenses. The amount of your stipend will be documented in your scholarship award letter. Preparatory and Pre-Graduate scholarship recipients will receive funding for a 10-month period (August 1 – May 31). Health Professions scholarship recipients will receive funding for a 12-month period (August 1 – July 31).

You must submit a new <u>Direct Deposit Sign-Up</u> form (Standard Form 1199A) if your banking information has changed at any point during the academic year.

### August Payment

You will receive an annual lump sum in your August payment labeled Other Related Costs (ORC) to cover books and travel, as well as other pre-approved educational expenses. The IHS Scholarship Program suggests that you budget your ORC payment appropriately to cover your expected expenses over the course of the academic year. IHS will not approve requests for additional funds unless you provide documentation showing the ORC funding did not sufficiently cover the approved education expenses.

### Lost Stipend Payment

Your stipend payments will be deposited into your account during the last three days of each month. Notify your <u>Grants Scholarship Coordinator</u> immediately if you have not received your stipend payment. You must also submit a <u>Lost Stipend Payment (IHS-856-19)</u> form after the seventh day of the month following the month that your payment was not received, so that the US Department of Treasury can be authorized to reissue payment. For example, if you do not receive your stipend at the end of November, you should submit this form no earlier than December 7.



## GOOD TO KNOW

Health Professions scholarship recipients scheduled to graduate mid-year will receive two additional stipend payments after graduation to assist with their transition to a career as an Indian health professional.



## **Educational Expenses**

## Items Included in Financial Aid

IHS will pay for the following items:

- » School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses.
- » Tutorial services IHS will include \$400 (full time) or \$200 (part time) as part of your August payment to assist with tutorial services or licensure/board certification preparatory classes.
- » \$300 to offset travel expenses to and from school for the year.
- » \$35 to offset the expense for a post office box rental.

## Items Not Included in Financial Aid

IHS will not pay for the following items:

- » School bookstore invoices including non-required books and supplies.
- » Dental/medical equipment rented from sources other than the school.
- » Desktop or laptop computers (purchased, leased or rented).
- » Health insurance The educational institution will accept documentation from your Tribe or IHS facility that you are eligible for health care and/or contract health care through an Indian health program. If you find that the availability of health care services is inconvenient, you will be responsible for a separate health insurance policy (group or individual) while in school.
- » Additional travel expenses incurred over the \$300 allowed.
- » Certification and licensure examination fees.
- » Membership dues for student societies, associations and similar expenses.
- » Uniforms (for example, military uniforms, school-required scrubs).
- » School terms prior to the scholarship award period.
- » Credit card debt.

The IHS Scholarship Program will not pay any bank-imposed penalties for returned checks. Confirm that you have received your stipend before incurring any costs that you cannot cover.

## **Summer School**

All scholarship recipients are eligible to receive financial aid for summer school per program policies. You are required to submit the following documentation by the April 22 deadline for review and approval of your request.

- » Summer School Request (IHS-856-21) form completed and signed by your school advisor.
- » Curriculum for major.
- » Documentation of summer school tuition and fees.
- » Confirmation that your degree program requires your summer school course(s).
- » Written notification if the summer school course(s) is required to make up a failed required course(s).

IHS will not approve summer school requests to take optional courses unrelated to your degree program.

IHS will distribute a new award letter notifying you of the program's approval of your summer school request. You must submit your award letter to your school's business and financial aid offices, authorizing the school to bill IHS for summer school tuition and required fees.

### PREPARATORY AND PRE-GRADUATE SCHOLARSHIP RECIPIENTS

The IHS Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for summer school tuition and fees as billed by your school. You are able to enroll in as many credit hours as you choose; however, you must pay the cost of summer school beyond what the program provides. No additional funds are available for books or other miscellaneous expenses.

### **HEALTH PROFESSIONS SCHOLARSHIP RECIPIENTS**

The IHS Scholarship Program will cover all summer school tuition and fees as billed by your school. No additional funds are available for books or other miscellaneous expenses.

### **Required Documentation**

You are required to submit an official transcript to your <u>Program Analyst</u> upon completion of your courses. Please ensure these are ordered early to guarantee prompt delivery once the summer term is completed.

## **Tutorial Assistance**

The IHS would like to ensure that you are getting the maximum benefit from your education. We encourage you to use tutorial services to improve your grades (even if they are satisfactory) and/ or to address weaknesses in other courses, such as in English or math, which may affect your overall academic performance. Financial assistance for tutorial services can also be used for licensure and certification examination preparatory courses if the course is taken prior to completion of your degree.

### Taxes

IHS scholarship stipends are subject to federal income tax and possibly state and local taxes. IHS withholds only Federal Insurance Contributions Act (FICA) taxes from your stipend checks. Please contact the <u>IRS</u> or a tax professional to inquire about any other tax liabilities associated with your financial aid package.

## **Suspension of Financial Aid**

Tuition and fee payments will be suspended for:

- » The period of time that the IHS Scholarship Program has approved a recipient's leave of absence (LOA).
- » Any repeat course work during the academic year.

Suspended tuition and fees, based on the approval of your LOA and available funds, will not resume until you have notified your Program Analyst that you are prepared to resume your participation in the program. In addition, you are required to submit the necessary supporting documentation from your school.

If repeat coursework does not delay graduation, but is taken in addition to your normal full-time or part-time course load, the IHS Scholarship Program will pay tuition for only the non-repeated courses. This will not affect payment of your stipend payment.

Your scholarship award could be rescinded if your enrollment status is affected by repeat course work.

#### Stipend payments will be suspended when:

- » You receive approval for an LOA.
- » You fail to submit your Recipient's Initial Program Progress Report (IHS-856-8) form within 30 days of the beginning of the academic term.
- » You fail to submit your official transcripts within 30 days of the end of the academic term.

The IHS Scholarship Program will not reinstate suspended stipends until the above-mentioned reports/transcripts are received. It will not issue payment until the next automated stipend cycle.

Extended delays in providing these required documents could result in the program rescinding your scholarship.

## **Potential Conflicts with Your IHS Scholarship**

## Multiple Scholarships, Grants and Fee Waivers

All scholarship recipients must report their IHS Scholarship Program award to both their school's business office and financial aid office in order to avoid unlawful duplication of federal funding. Your school must list any scholarship, grants and fee waivers that you have accepted from sources other than the IHS Scholarship Program on its invoicing. The IHS Scholarship Program will deduct other sources of financial aid from the school invoice charges for tuition and fees before approving final payment. Student loans are not included in this policy since the student will repay the loans following his or her graduation.

The IHS Scholarship Program recommends that you decline all other sources of outside funding so you can take advantage of your full IHS scholarship award.

## **GOOD TO KNOW**

**Recipients of the Quentin** N. Burdick American Indians into Nursing Program or the American Indians into Psychology Program may apply for an IHS scholarship; however, recipients cannot participate in both programs at one time. Upon completion of your degree, your **IHS Scholarship Program** service commitment will take precedence over all other service commitments. No other service commitment can be served concurrently with your IHS commitment.

### Scholarships With a Service Commitment

If you are currently receiving scholarship funds or have a service commitment from any federal or state program under the umbrella of the National Health Service Corps (NHSC) Scholarship Program (Section 751 of the Public Health Service Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN) (Section 758 of the Public Health Service Act), you are not eligible to participate in the IHS Scholarship Program during the school year(s) for which you received those awards.

### Benefits from State, Local and Other Federal Sources

If you owe a service commitment for professional practice to a state or other entity under an agreement made before applying for an IHS scholarship, you are ineligible for an award unless the state or entity submits a written statement to the IHS Scholarship Program Branch Chief indicating that:

- » There is no potential conflict in fulfilling your service commitment to the state or entity and the IHS Scholarship Program.
- » You will fulfill the IHS Scholarship Program service commitment before or concurrently (if applicable) with the service commitment for professional practice owed to the state or entity.

### **Veterans Benefits**

You may continue to receive education benefits from the US Department of Veteran Affairs (GI Bill) along with IHS scholarship funds since VA benefits were earned by prior active duty in a uniformed service.

# **IHS Extern Program**



Interested in using your education outside of the classroom? Are you ready to explore the communities in which you can make a difference? Health Professions scholarship recipients are encouraged to take part in the IHS Extern Program, an opportunity to gain practical, hands-on experience working alongside a team of health clinicians in Indian health facilities across the country. Not only does the program offer instructive experience, it can open doors for you to network and establish yourself for consideration for future Indian health positions. IHS externs live and work with the local community, gaining insight into the culture and traditions, while complementing the skills and education they've developed in school.

## **Eligibility to Apply**

IHS externships are available to students who are:

- » US citizens.
- » Enrolled in a priority health profession degree program.
- » In good academic standing: Undergraduate and graduate students with a GPA of 2.0 or above.

## How to Apply

You must submit your externship application through <u>USAJOBS</u>. Users can create an account and search the database for IHS Extern Program Student Training (Series 0669) positions. You are required to upload the following documents as part of your application:

- » Resume (A resume can also be created in USAJOBS. This will allow employers to find you when searching for potential candidates to fill job openings.)
- » Extern Site Preference Request (IHS-856-17)
- » Proof of immunity to measles and rubella Applicants who are not immune and refuse the recommended vaccine can be reassigned or removed from the service.
- » Documentation of enrollment in the coming fall term.
- » Copy of your:
  - School transcripts.
  - · Social Security card.
  - Driver's license.

### **Application Deadlines**

Visit the <u>Extern Program</u> page of the IHS Scholarship Program website for summer and winter externship application deadlines.

## **Priorities for Selection**

Funding for the IHS Extern Program is limited; IHS bases its selections on the needs of the Indian health program. Below is a priority listing of those eligible for the IHS Extern Program:

- » Health Professions scholarship recipients.
- » Health Professions students (non-recipients) who are American Indian or Alaska Native.
- » Health Professions students (non-recipients) who are not American Indian or Alaska Native.
- » Preparatory or Pre-Graduate scholarship recipients.

## GOOD TO KNOW

You can be employed as an extern for 30 to 120 workdays per calendar year during non-academic periods. Health Professions scholarship recipients are entitled to an externship and receive priority placement.



## **GOOD TO KNOW**

Please stay in touch with your <u>ASC</u> and <u>Extern</u> <u>Coordinator</u> to verify all of your arrangements before traveling to the externship site.

## **Employment Options**

The IHS Extern Program offers three paths for employment:

- » Civil Service The federal civil service personnel system.
- » Tribal/Urban Indian Program
- » Junior Commissioned Officer Student Training and Extern Program (COSTEP) A program of the <u>US Public Health Service (USPHS) Commissioned Corps</u>.

The <u>Area Scholarship Coordinator (ASC)</u> serving the IHS Areas identified as preferred destinations will forward resumes provided by the Department of Human Resources at the Area office to IHS, Tribal and Urban Indian program facilities in search of externs in their Area. Externs hired through either a Tribal or Urban Indian program facility will be brought on and paid as federal civil servants.

#### Salary

Externs receive a salary based on experience and years of academic training that is comparable to industry standards. IHS waives the salary if the externship fulfills a required academic field placement or an internship, in which case it will pay only the required tuition and fees (scholarship students only).

Note: The personnel system you choose determines your salary. If you enter the civil service, your salary is based on your experience and the number of completed semester hours in your academic program according to Office of Personnel Management (OPM) rules and regulations. The personnel office responsible for the extern position will determine your grade level.

- » GS-3: 30 semester hours/45 quarter hours.
- » GS-4: 60 semester hours/90 quarter hours.
- » GS-5: Bachelor's degree (120 semester hours/180 quarter hours).
- » GS-7: First year of graduate school (18 semester hours of graduate education/27 quarter hours of graduate selection).
- » GS-9: Completed master's degree or equivalent graduate degree; or two full years of progressively higher graduate education leading to such a degree; or LLB or JD if related to a health profession program.

Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) candidates serve as an Ensign (0-1).

## Travel

You must submit a <u>Request for Extern Travel Reimbursement (IHS-856-18)</u> form prior to travel to request reimbursement for one round trip to the externship site. IHS authorizes travel reimbursement based on federal travel and transportation allowance regulations. If a travel advance is required, contact your <u>ASC</u> and the IHS Area office, Service Unit or health clinic where you are assigned.

Do not, under any circumstances, travel without authorized travel orders.

## Housing

You are responsible for finding your own housing. However, information may be available from the <u>ASC</u> serving the Area where your site is located or the local site. A minimal allowance is available for transportation of goods, but authorization is required on your travel orders.



# **Contact Information**

This section describes key personnel involved with your scholarship award. The IHS Scholarship Program staff has an interest in your success and is ready to help.





## **Branch Chief**

The <u>IHS Scholarship Program Branch Chief</u> is responsible for the coordination of the programmatic aspects for the scholarship sections of P.L. 94-437, Title I and for the activities of the <u>Area Scholarship</u> <u>Coordinators (ASCs)</u>. Additionally, the IHS Scholarship Program Branch Chief serves as the authority on programmatic issues and decisions.

# **Program Analysts**

<u>IHS Scholarship Program Analysts</u> are responsible for the coordination of the various scholarship program functions and processes. As part of this responsibility, they work with you to ensure compliance with your obligations and/or liabilities. The Program Analysts monitor the deferment and completion of your service commitment. In addition to these duties, they work with the Division of Grants Management on matters dealing with payments, applications/awards and related processing. Program Analysts track and record data pertaining to you and monitor your academic progress to ensure compliance while you are in school. They also maintain ongoing communications with the <u>Area Scholarship Coordinators</u>, as well as with other IHS components, governmental agencies and Tribal organizations.

# Area Scholarship Coordinators

The Indian Health Service is composed of 12 Area offices, each with a designated <u>Area Scholarship</u> <u>Coordinator (ASC)</u>. An ASC serves as a scholarship applicant and recipient resource for technical and programmatic questions. ASCs monitor your academic performance and assist you in finding a position upon completion of your academic or post-graduate clinical training.

# **Discipline Chiefs**

<u>Discipline Chiefs</u> serve as a program resource for scholarship recipients and assist with extern and service commitment placements.

# **Chief Grants Management Officer**

The <u>Chief Grants Management Officer</u> is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility.

# Grants Scholarship Coordinator/Management Specialist

The <u>Grants Scholarship Coordinator</u> is responsible for the coordination of all business functions of the scholarship program. These functions include distributing scholarship extension applications, monthly stipend payments and all award notifications.

# **Extern Program Coordinator**

The Extern Program Coordinator is responsible for the following activities:

- » Verifying and reconciling data on all externs.
- » Establishing and maintaining cooperative and ongoing communications with Area Scholarship Coordinators, as well as other IHS components, government agencies and Tribal organizations to ensure that externs are in compliance with IHS Scholarship Program requirements.

# **Default Waiver Coordinator**

The **Default Waiver Coordinator** monitors the default/waiver functions of the IHS Scholarship Program.

# **Health Professions Support Branch Chief**

The <u>Health Professions Support Branch Chief</u> is responsible for the coordination of all recruitment and retention activities for IHS health professionals.

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### Indian Health Service Scholarship Program 801 Thompson Ave., TMP Suite 450A Rockville, MD 20852

IHS Scholarship Program: (301) 443-6197

www.ihs.gov/scholarship



Indian Health Service Scholarship Program

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Applicants must be American Indian or Alaska Native to meet IHS Scholarship Program eligibility requirements. The policy of the IHS is to provide absolute preference to qualifed Indian applicants and employees who are suitable for federal employment in filling vacancies within the IHS. IHS is an equal opportunity employer.