



AHEC SCHOLARS' STIPEND REQUEST FORM

Student Name:	Date
Gender:	School Name:
Program of Study:	Student Type:
Email:	Phone:
<p>Request and Justification for Stipend: The above student meets the following required programs and training aspects of the AHEC Scholars Program for academic year __10__/_15__/_____ thru __08__/_31__/_____:</p> <p>(Please complete the program requirements & check all that boxes)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed 40 hours of didactic/academic training focused on core topics, important in the care of rural and underserved populations, through the Canvas Classroom <input type="checkbox"/> Completed 40 hours of interprofessional community based experiential training (through AHEC events) as evidenced by the attached Student Self-Reporting Experiential Hours Form <input type="checkbox"/> Form W-9 (submitted) 	
My signature below indicates that I have completed all the requirements necessary to receive the AHEC Scholars Program Stipend:	
Student Signature:	Allowance Requested:
Approved By (To be completed by AHEC Staff Only):	Date Approved: