



AHEC SCHOLARS' STIPEND REQUEST FORM

Student Name:	Date
Gender:	School Name:
Program of Study:	Student Type:
Email:	Phone:

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__/_____:

(Please complete the program requirements & check all that boxes)

- Completed 40 hours of didactic/academic training focused on core topics, important in the care of rural and underserved populations, through the Canvas Classroom

- Completed 40 hours of interprofessional community based experiential training (through AHEC events) as evidenced by the attached Student Self-Reporting Experiential Hours Form

- 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:

Demographic information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form