



Member of the
STATEWIDE PROGRAM

Education, Healthcare, and Jobs for Alabama

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 Google Classroom LMS
- 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: