



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 ____/____/____ thru ____/____/____: (please complete the program requirements & check all that boxes) <ul style="list-style-type: none"> <input type="checkbox"/> Completed _____ hours of didactic/academic training focused on core topics important in the care of rural and underserved populations through the Google Classroom LMS <input type="checkbox"/> Completed _____ hours of interprofessional community based experiential training (through AHEC events) as evidenced by the attached Student Self-Reporting Hours Form <input type="checkbox"/> Form W-9 (attached) 	
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: