

**MUST DOWNLOAD FOR FILLABLE FORM**



**TRAVEL STIPEND REQUEST**

Date \_\_\_\_\_

Would you consider working in a rural or medically underserved area? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail Check to (address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Enrolled: \_\_\_\_\_

Degree Program Name: \_\_\_\_\_

**PRACTICUM RECORD**

Dates at this Site: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Site's Address: \_\_\_\_\_

Amount of Stipend: \$50.00

Student's Signature: \_\_\_\_\_

**RETURN REQUEST TO:**

SOWEGA-AHEC (229) 439-7185  
1512 W Third Avenue (229) 888-5154 fax  
Albany, GA 31707 info@sowega-ahec.org

*Thank you for helping us increase health professionals in southwest Georgia.*

**OFFICE USE ONLY**

Date practicum record updated: \_\_\_\_\_

Staff Initials: \_\_\_\_\_