

Student / Resident Worksheet

Name (First, Last): _____ **Date of Birth:** _____

Phone Number: _____ **Email Address:** _____

Current Mailing Address:

Street: _____ City: _____

State: _____ Zip: _____ County (not USA): _____

<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p>	<p>Ethnicity (select all that apply):</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> African American/ Black <input type="checkbox"/> American Indian/ Alaskan Native</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Other (specify): _____</p>
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Hometown at time of high school graduation (City/State): _____

Is your hometown considered (select all that apply):

Border Area Rural Urban Inner City Suburban

<p>Current Academic Enrollment</p> <p>School Name: _____</p> <p>School Contact: _____</p> <p>School Contact Email: _____</p> <p>Discipline/Degree Program: _____</p> <p>Academic Year: _____</p> <p>Expected Graduation Date: _____</p>	<p>NHSC Scholar? Y/N: _____</p> <p>Speak Spanish? Y/N: _____</p> <p>Military Status (active, reserve, vet, retired n/a): _____</p> <p>Education level already achieved: _____</p> <p>Undergraduate School/Degree: _____</p>
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Please Answer the following: (Y/N)

* Are you (or will be) the first generation in you family to attend college? _____

* Have you or are you currently receive scholarship or loan for disadvantaged students.? _____

* While growing up, did you live where there were few medical providers at a convenient distance? _____

Rotation Information:

*****Please attach a copy of rotation guidelines*****

Start Date: _____ End Date: _____ # Clinical Hours: _____

Rotation Type: _____

Preferred Placement Location: City: _____ County: _____

Previous Rotations:

Start Date: _____ End Date: _____ # Clinical Hours: _____

Rotation Type: _____ Site: _____

Contact Name: _____ Phone Number: _____

Additional Rotation Needs:

Start Date: _____ End Date: _____ # Clinical Hours: _____

Rotation Type: _____

Start Date: _____ End Date: _____ # Clinical Hours: _____

Rotation Type: _____

Funding Assistance:

The purpose of AHEC reimbursement is to **help ease the financial burden and encourage students** that are interested in completing rotations and/or community service learning opportunities in rural or underserved Southeast Alabama communities. Rotations and/or community service learning opportunities must be completed at a clinical site or organization that is located in a Health Profession Shortage Area (HPSA) or Medical Underserved Area (MUA). In order to determine if your site meets these requirements please use the [HRSA designation look-up page](#). Students may receive reimbursement while funding is available on a first come first serve basis.

Assistance Request Type (select only one): Travel Housing Conference CE/CME

**SEAAHEC
Use Only**

Support Provided:

- * _____ Travel
- * _____ Housing / Stipend
- * _____ Placement
- * _____ Conference Fees
- * _____ CE/CME hours

Total Funding Assistance: _____

Housing Location

* _____

Notes: _____
