

Georgia Statewide AHEC Support Form

	First Nam	е		Last Name	Midd	e Name	Maider	n/Previous	Goes By	
	Birthdate			Dono	Candar		Mobile Phone		Dhana	
	birthuate		l	Race	Gender 	1	Mobile Phone	Hom 	ie Phone	
Personal Email ↓					L School Email ↓					
								<u></u>		
CURRENT MAILING ADDRESS:					PERMANENT/NEXT OF KIN INFORMATION:					
Street:					Next of Kin:					
City:					Relationship to you:					
State:					Next of Kin Phone:					
Zip:					Email:					
County:					Street:			Ctata		
					City:		State:			
County you graduated High School: State you graduated High School:					County:					
	_	-	11:		Zip:					
Student's Birth Country:					Country:					
School N	Name:					Expec	ted Graduation Date	:		
School Contact:							HSC Scholar? Y/N			
School Contact Email:						Do yo	oo you speak Spanish? Y/N			
Degree Program Name:						Milita	filitary Status (active, vet, n/a):			
									-	
Have you	u been deter	mined to be	from a disa	dvantaged background	and/or have yo	u demo	nstrated financial nee	:d?	Yes / No	
SURVEY INFORMATION:										
SA	SA Strongly Agree I intend to work / practice / serve in a rural setting.									
Α	Agree									
SW	Somewhat Agree			I intend to work / practice / serve in a setting that serves the medically underserved.						
D	Disagree									
SD	Strongly Disagree			I intend to work / practice / serve in a primary care setting.						
ROTAT	ION INFOR	MATION:								
Start Da	te:		End Date	:	# Days:		# Clinical Tra	aining Hours:		
PRECEP	TOR INFO	RMATION:		_	_			_		
First Name/Last Name			M/F	Preceptor Title	Preceptor Specialty Preceptor Ethnicity					
Site Nan										
Street Address:					Phon	e:				
City, Zip:					Fax:	1_				
County:					_ Emai	ı:				
			Support F	Provided:	Housing Loca	tion:				
AHEC USE ONLY			Support	Travel	_	Amount/Bill To:				
当 o		Housing/Stipend		Amount/Bill To:		-				
A. ISE				Placement	TOTAL:		-			
7				_			-			
o trait	t darage G			MAGNOLIA	Seathwest Gen	4	SPCC ATLAN	ТА ТН	REE RIVERS	
Blue	e Ridge	ЕООТНІ	IIIs	AHEC Area Health Education Center	/HHE(-	AHE	5	AHEC	
	5-0776 p 8-3113 f	770-219- 770-533-		912-478-1050 p 912-478-0816 f	229-439-71		404-815-4996 p 404-815-4998 t	, ,00	-507-0894 p	
706-378-3113 f 770-533 blueridgeahec.org foothillsa			magnoliacoastlandsahec.org	229-888-53 sowega-ahe		spcc-atlantaahec.o	700	5-507-0896 f riversahec.org		
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