Student Externship Matching Grant Program
Request for Payment Form

- Submit this form as soon as the student and mentor have been matched.
- **Note**: You need to complete a Request for Payment Form ***for each student*** your organization has funded through the matching grant program.
- Send the completed form to Ashlyn Ewing (aewing@aafp.org) by email.
- Deadline to submit all Request for Payment Forms is August 1st.

Please type your name, title, and date below indicating your commitment to adhere to the stated principles and procedures, as set forth in the Student Externship Matching Grant Notice of Award with Guidelines.

- Name:
- Title:
- Date:

CHAPTER/CHAPTER FOUNDATION (Name as it should appear on payment):

- Number of students funded by this matching grant:
- Are you funding any externships NOT matched by this grant program?
- Dates the externship will take place: Beginning: Ending:

**Please note that the AAFP Foundation will send a survey to the student(s) directly following the completion of the externship, and we will copy you on the results of the survey.*

PLEASE ASK EACH STUDENT FUNDED BY A MATCHING GRANT THIS QUESTION PRIOR TO THE BEGINNING OF THEIR EXTERNSHIP: On a scale of 0 to 10, what is your current interest in Family Medicine:

- Number of weeks of the externship:
- Student's full name:
- Date of birth:
- Anticipated graduation year from medical school:
- Student's address:
- School email address of student:
- Personal email address of student:
- Name of medical school:
- Name of mentoring family physician:
- Clinical, research, or mixed externship (if research, specify topic):
- Rural, suburban, urban or mixed externship:
- Practice setting (et. al. solo practice, multi-specialty clinic, FQHC):

Please submit a completed copy of this form to aewing@aafp.org
as soon as the student and mentor are matched.
Questions? Email Ashlyn Ewing at aewing@aafp.org or call 913-906-6142.