**School of Social Work, University of Pittsburgh**

**Internal Training Stipend Award Request**

*This form should be completed for all students receiving a training stipend award (subcode 5820).*

* Is the student registered in a SSW graduate program [ ] Yes [ ]  No
* Will the student be participating on a project that provides direct and supervised training/mentoring by a SSW faculty member or field liaison? [ ] Yes [ ]  No
* Any support to a research project or program provided MUST be within the context of training. Can the faculty member confirm that the student is not being recruited and compensated for a specific service or duty? [ ] Yes [ ] No
* Is the training directly related to the student’s academic program? [ ]  Yes [ ]  No
* Can the faculty member confirm that the student will be working on the development of skills applicable to their career goals and education? [ ]  Yes [ ]  No
* Is the training period over a pre determined specific time period? [ ] Yes [ ] No

**STUDENT AND STIPEND INFORMATION**

|  |  |
| --- | --- |
| Student Name |  |
| Monthly Stipend Amount |  |
| Total Commitment (monthly x 8) |  |
| Starting Month |  |
| Ending Month |  |
| Social Work Program Name |  |
| Account Number (to be completed by business office) |  |
| Special Notes |  |

|  |  |
| --- | --- |
| Requester’s printed name |  |
| Requester’s signature |  |

**Effective date: August 2012**