



GRAND RAPIDS

African American
Health Institute

Educational Stipend Request Form

FINANCIAL NEED:

Did you receive a Dr. Khan Nedd Scholarship from GRAAHI? Yes No

Is this your first time requesting financial support? Yes No

What is your anticipated total request? _____

Answer if you are above the age of 24 or are an emancipated minor:

Gross Annual Income: _____

Number of Dependent(s): _____

If you have dependents, do you currently have childcare? (circle) Yes No

****Please attach a narrative of 350 words or less outlining/itemizing additional financial barriers that are hindering you from completing your education. Include approximate costs for all concerns stated in your narrative.***

For your application to be complete, you **must** schedule a private appointment with the Director of Education to discuss your request <https://calendly.com/graahiteasia/stipend-request-verification-meeting>.