



**University of Hawai'i at Mānoa  
John A. Burns School of Medicine  
Native Hawaiian Center of Excellence**

## Stipend Acknowledgement Form

**Funding support will be for the following:**

Program: \_\_\_\_\_

(USMLE Prep Materials, 6L Rotation, Pre-clerkship neighbor island rotation, MD5 International Exchange, Research & Conference support etc.)

Location (if applicable): \_\_\_\_\_

Date(s): \_\_\_\_\_

I, the undersigned, hereby acknowledge that I am responsible for any travel-related costs (when applicable) and program fees to support my educational opportunity.

By signing below, I acknowledge that:

- I must submit a WH-1 Form for the current year.
- Any stipend support provided by the John A. Burns School of Medicine, Native Hawaiian Center of Excellence that is \$600.00 or more is reportable (taxable) to the IRS under Miscellaneous Income and it is my responsibility to file an IRS Form 1099-MISC at the end of the year for the payment of these taxes.
- This stipend is a form of financial aid and it is my responsibility to inform the Financial Aid Office about any stipend support that is related to this program.
- My financial aid awards may be affected should I accept additional stipend support.
- I am responsible to contact the JABSOM Financial Aid Office should I have any questions.
- USMLE stipends require 5-10 community service hours (depending on stipend amount) to be completed within one year of this contract.
- All receipts for reimbursement must be submitted by April 30<sup>th</sup>, 2018.

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

***For JABSOM Financial Aid info please contact:***

Helen Longao, Office of Student Affairs  
Phone: 692-1002 E-mail: [longo@hawaii.edu](mailto:longo@hawaii.edu)

***For more information regarding Tax Reporting of Scholarships and Fellowships go to  
[http://www.fmo.hawaii.edu/tax\\_services/index.html#tab1](http://www.fmo.hawaii.edu/tax_services/index.html#tab1)***