

**CANDIDATE LOW-FEE SUPERVISED ANALYTIC CASE**  
**SCHOLARSHIP PROGRAM DISBURSEMENT REQUEST FORM**

Scholarship funds are available to support candidates treating low-fee analytic control cases where the patient's weekly fee is lower than the weekly supervisory fee. You may request up to four disbursements each year, at intervals of your choice between one to six months.

Supervision Scholarship funds are disbursed to ***you***, the Candidate. It is reliant upon you and your Supervisor(s) to determine a workable payment schedule to meet the \$100 supervisory session fee.

For each disbursement, please complete the form below. Indicate the dates of supervision, the total number of supervision sessions, the amount per session, the total amount requested at this time, and submit the form via email to Drew Brydon-Cardoso, Accounting & Operations Specialist, copying your supervisor.

Your supervisor should confirm by email to Drew Brydon-Cardoso or by signature below that the dates match his/her records. Scholarship funds will be disbursed to the candidate following receipt and confirmation of dates by your supervisor. **All requests must be made by June 30 of the current academic year.**

*Submit a separate form for each supervisor.*

**Candidate name:** \_\_\_\_\_

**Supervisor name:** \_\_\_\_\_

**Period of time covered  
by this request:** \_\_\_\_\_

**Total supervisor fees paid this period:** \_\_\_\_\_

**Total patient fees received this period:** - \_\_\_\_\_

**Total amount requested at this time:** = \_\_\_\_\_

**Candidate signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervising Analyst signature:**  
*(or your supervisor may email Drew Brydon-Cardoso)* \_\_\_\_\_

**Date:** \_\_\_\_\_