



UNIHEALTH FOUNDATION PEER HEALTH EDUCATOR FELLOWSHIP STUDENT CONTRACT

Dear Fellow:

To accept the UniHealth Foundation Peer Health Educator Fellowship, please review the expected deliverables and requirements detailed below. Your signature confirms acceptance of these terms and conditions.

1. Actively participate in and complete the eight-week summer fellowship, an orientation and training program to enhance your career readiness and to prepare you for the responsibility of being a successful Peer Health Educator (PHE) on campus during the academic year internship, acting as a leader/model for equitable health and wellness both on and off campus.
2. Submit progress reports twice during the summer session (mid and end) and once a semester during the academic year, including in-person skills evaluation. These reports will be approved by the PHE Coordinator to confirm your active participation and successful engagement. Due dates will be set by the Coordinator and reports will be due prior to fellowship stipend release (for summer).
3. Attend all mandatory meetings including but not limited to:
 - Weekly meetings with Supervisor, Coordinator, or Lead
 - Shadowing/mentoring placements in the community
 - All in-person and remote training sessions
 - Orientation events for incoming/transfer students
 - Liaison with campus departments, student groups/ clubs and organizations
 - Cohort meetings and events
 - Recruitment sessions
 - Spring Scholarship and Fellowship Luncheon (when applicable)
4. Understand that the \$5,000 summer fellowship stipend will be distributed in three installments.
5. Understand that you are eligible for on-campus summer housing at no cost during the eight-week Peer Health Educator training program.
6. Understand that the academic year internship will be paid at \$16/hour up to 10 hours/week.
7. PHEs agree to provide their contact information and complete an annual survey for three years post-experience and give consent for their feedback to be shared with funders and interested students.

I agree to fulfill the Fellowship requirements and understand that failure to comply may result in forfeiting all or a portion of the award and dismissal from the program.

Fellow Signature: _____

Date: _____