



**ROWAN-VIRTUA
School of
Osteopathic Medicine**

Rowan-Virtua SOM ALUMNI GRANT AWARD

Please complete the SGA Alumni Grant Request form and send it to **SGA Secretary, SGA Treasurer, SGA President** and **Stephanie Levin (Levins@rowan.edu)** by **5pm the Wednesday before the SGA meeting**. The form must be received by this deadline to be considered at the next SGA meeting.

Students are **required to present** this funding request (3 minutes maximum) to the council at the monthly SGA meeting. If the student is unable to attend, he or she must inform **SGA Treasurer** at least 48 hours prior to the SGA meeting to set up an alternate means of presenting the request.

Please note that an organization is only eligible **for one Alumni Grant per academic year**.

GENERAL INFORMATION

Organization Name: _____

Name of Event: _____

Contact Name: _____ Phone Number: _____

Contact E-mail Address: _____

Proposed Date of Event: _____

INSTRUCTIONS

Goals should always be: **S** - Specific **M** - Measurable **A** - Achievable **R** - Realistic **T** - Time Bound

1. **Goal/Objective.** Briefly describe each goal/objective and when the goal/objective should be met or accomplished.
 2. **Break Down of Cost.** Please include a detailed description of the anticipated costs of the proposed event. (Use quantitative measures such as % or dollar descriptions and measurements)
- **Additional Sheets of paper may be attached.** Must be typed.

GOAL/OBJECTIVE (DESCRIPTION OF EVENT/PROGRAM)

**Description of /Program:
Event**

Goal of Event/Program:

Itemized Cost of Event/Program (Up to \$250 reimbursed):