

A. A designated primary submitter should complete the request on behalf of yourself or the group and include the following:

- Full names and class years of all participating students
- Each individual's role (Presenter, Attendee, or both)
- A clear breakdown of total costs and how they are divided per student
- Individual cost estimates for lodging, travel, and registration
- Supporting documentation for all shared and individual expenses
- Funding is determined on an individual basis and reviewed by SGA, even when submitted as a group.
- Failure to submit as a combined request for the same conference may result in delays or denial of funding.

Mission Trip / Service Trip

I am requesting funding for:

Mission Trip

Please complete the following information:

First Name: John

Last Name: Doe

Class Year: 2028

E-mail Address: jdoe@rowan.edu

Phone: (555) 555-5555

Trip Details:

Trip Name: Global Medical Brigades – Honduras

Sponsoring Organization: Global Medical Brigades

Location: Tegucigalpa, Honduras

Dates: March 15–22

Names of students attending:

John Doe Gonzalez, Class of 2028; Adam Apple, Class of 2028; Mark Greene, Class of 2029

Educational objective:

Global health exposure and service in underserved communities

How does this contribute:

This mission trip will allow me to provide care in resource-limited settings while gaining insight into global health disparities. It will enhance my clinical skills, cultural competency, and commitment to serving underserved populations.

Role:

Participant

Hotel/lodging:

Number of nights: 7

Cost per night: Included in program fee

Total anticipated lodging costs: \$600

(UPLOAD: program breakdown)

Travel information:

Mode: Flight + local transport

Total anticipated cost: \$520.00

(UPLOAD: flight screenshot)

Registration / Program fee:

\$450

(UPLOAD: program invoice)

TOTAL COST:

\$1,570.00

I have reached out or plan to reach out to other clubs for additional funding:

Yes

Confirmed Additional Funding Awards:

Global Health Club – \$300 (supports international service and outreach initiatives)

TOTAL AMOUNT REQUESTING FROM SGA:

\$1,270.00

Please upload your funding request presentation. We recommend sharing your presentation as a PDF file.

Please confirm your understanding of the following (you must check all boxes):

I understand that funding is not guaranteed and is subject to SGA approval.

I understand funding can only be reimbursed for eligible expenses and requires itemized receipts

I agree to submit all required documentation for expenses within 14 days after the

conference

I am a Rowan-Virtua SOM student in good standing.

I attest that all information submitted is accurate and affirm my understanding for my eligibility.