

ROWAN UNIVERSITY  

**School of  
Osteopathic Medicine**  
**ROWAN-SOM ALUMNI GRANT AWARD**

Please complete the STUCO Alumni Grant Request form and send it to **STUCO Secretary (Rachel Fay: fayr5@rowan.edu)** **STUCO Treasurer (Tracy Tauro: taurot67@rowan.edu)**, **STUCO President (Melvin Ways: waysmdrowan.edu)** and **Stephanie Levin (Levins@rowan.edu)** by **5pm the Wednesday before the STUCO meeting**. The form must be received by this deadline to be considered at the next STUCO meeting.

Students are **required to present** this funding request (3 minutes maximum) to the council at the monthly STUCO meeting. If the student is unable to attend, he or she must inform **STUCO Treasurer (Tracy Tauro: taurot67@rowan.edu)** at least 48 hours prior to the STUCO 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):**