



Wellness Grants for Student Organizations - Program Report

Return within **1 week** of your program to **Amberly Panepinto** at ap89@buffalo.edu

Name of Student Organization:	
Name of Program:	
Date of Program:	
Number of participants:	
GENDER of the participants:	
Female:	
Male:	
Transgender:	
Other (specify):	
RACE/ETHNICITY of the participants:	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Mexican-American or Chicano	
Puerto Rican	
Cuban	
Dominican	
Central American	
South American	
Other Hispanic Origin (please describe):	
Other (please describe)	
ROLE of the participants:	
Student	
Parents/Family	
Faculty/Staff	
Clergy	
Local community	
Other	