



Wellness Grants for Student Organizations - Application Form

Date of Application: _____

(Application must be submitted at least 1 month prior to the program date)

Name of Student or Student Organization Requesting Funds: _____

Student Organization address (including campus zip): _____

Student Organization phone number: _____

Student Organization website (if available): _____

Contact Person (name and email): _____

Amount requested: \$_____ (\$1 to \$300) You **must** attach your program budget
(include item quantity and pricing information)

Name of Program: _____

Date of Program: _____ **Time:** _____

Location of Program (Building/Room): _____

Would you like the Student Wellness Team to help facilitate the program in anyway?

(Circle which applies)

YES

NO

If yes, please explain: _____

What is the population(s) to be served during the program? *(Circle all that apply)*

Faculty & Staff

Students

Local community

Parents

Please provide a detailed and thoughtful description of how your program will promote wellness, self-care, and/or community mindedness
