



Wellness Grants for Student Organizations - Application Form

Date of application: _____

Name of Student Organization requesting funds: _____

Organization Contact Person (Name and Email or Phone):

Amount requested: \$ _____ (\$1 to \$300) **You must attach your program budget**

Name of program: _____

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

Location of Program (Building/Room): _____

Would you like the Student Wellness Team to help facilitate or participate in the program in anyway? (Circle which applies)

YES NO

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

Faculty & Staff Students Local community Parents

Please describe how your program will promote wellness, self care, and community mindedness

