



Wellness Grants for Student Organizations - Program Report

Return within **1 week** of your program to **Amana Carvalho, Psy.D.**, at afc4@buffalo.edu

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|--|--|
| 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 | |