

Alumni Association Programs and Services (PASS) Grant Application Form

The applicant must be a student representing a recognized student organization from the Drexel University College of Medicine or of the Graduate School of Biomedical Sciences and Professional Studies.

* **P**rogram **a**nd **S**ervice**s** (PASS) grants support programs and services hosted and/or delivered by recognized Drexel student organizations or student programs.
* A recognized student organization or program may apply for **one PASS grant per academic year**.
* PASS grants aim to enhance educational, professional, cultural, and social components of student life at the College of Medicine and the Graduate School of Biomedical Sciences and Professional Studies.
* Funding of programs that include and promote the active participation of alumni are particularly appropriate as are those that reflect the College’s mission statement to excel and innovate “in education, research, and delivery of compassionate care in our culture of diversity, spirited inquiry, collaboration, and opportunity.”
* There are two funding tiers for PASS grants, depending on the number of individuals expected to participate in the funded program activity.
  + Programs that aim to serve 50–100 individuals qualify for funding up to $1,000.
  + Programs that aim to serve more than 100 individuals will be considered for funding up to $2,000.
* The DUCOM Alumni Association’s support must be acknowledged at the event and in all written materials both in print and online (provided that the notice of funding precedes the date the program takes place).

A written “Grants Program Final Project Report” must be submitted to the DUCOM Alumni Association within a month of the funded program or event’s taking place.

PASS Grant Application

**Grant Application Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date of submission must precede the starting date of the event or conference

**Applicant/Group Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contacts applying for funding if applicable (list name and email address for each):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Amount Requested** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For criteria please visit:* drexel.edu/medicine/StudentOrgGrants

**Project Description**: Please provide: (a) an overview of your program; (b) a detailed proposed budget of how the grant will be spent; and (c) a description of how the DUCOM Alumni Association’s support will be recognized.

**Please note that DUCOM Alumni Association funds cannot be used to purchase alcoholic drinks and that, if food must be served as part of a program, no more than half of the allocated funds be applied to catering costs.**

**Outreach Potential**: Describe the expected number and composition (students, alumni, faculty, staff, community members, etc.) of the persons or groups whom you anticipate will benefit from this funding.

**Faculty/Staff Sponsor** (name and email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The sponsor should be a faculty-level professional who knows you in a professional context and is involved in the Drexel student organization you represent. Family members should not write letters of support for any Alumni Association grantee.

**Letter of Support**: Please ask your faculty/staff sponsor named above to submit a letter of support on letterhead to [medical.alumni@drexel.edu](mailto:medical.alumni@drexel.edu) with the funding proposal title listed.

For more information, please visit drexel.edu/medicine/StudentOrgGrants or contact [medical.alumni@drexel.edu](mailto:medical.alumni@drexel.edu)

Submit the completed application by email: [medical.alumni@drexel.edu](mailto:medical.alumni@drexel.edu). After receiving this form, the Alumni Association may ask the primary contact to submit additional information including a more detailed narrative and budget.

For more information, please visit [drexel.edu/medicine/StudentOrgGrants](https://drexel.edu/medicine/alumni/alumni-association/student-organization-grants/) or contact [medical.alumni@drexel.edu](mailto:medical.alumni@drexel.edu)