

Alumni Association Discretionary 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.

Discretionary Grants support compelling projects or events hosted by recognized student groups that have an educational focus, and/or enhance interactions between students and alumni and/or promote tradition or the awareness of the Alumni Association.

* A recognized student organization or program may apply for one Discretionary Grant per academic year. Grant applications from organizations and programs that have not previously received Alumni Association support are particularly encouraged.
* These Discretionary 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 is 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.”
* For these grants, the Alumni Association may be able to support requests up to $1,000.
* Proposed grant will either directly serve the community or support members of the DUCOM community.
* Hosted/delivered by a recognized student organization or program.
* A detailed budget including actual or estimated costs must be included in the application below.
* A project report will be required for these types of grants and must be returned to medical.alumni@drexel.edu within 30 days of project completion.
* The Alumni Association’s support must be acknowledged at the event and in all written materials in print and online (provided that the notice of funding precedes the date the program takes place).
* A letter of support must be submitted along with the application, written by a faculty-level professional who knows you in a professional context and is involved in the Drexel student organization you represent.

Discretionary 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:** These types of Discretionary Grants are not the priority and may not be granted at each budget cycle. Therefore, please ensure that any application for this type of grant is truly supporting a compelling project to help enhance student life at the College of Medicine and Graduate School of Biomedical Sciences and Professional Studies.

Alcohol and catering costs will not be funded. Please see FAQs for more information.

**Outreach Potential**: Describe the expected number and composition (students, alumni, faculty, staff, community members, etc.) of the persons or groups 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 with the funding proposal title listed.

Submit the completed application by email: 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