UNMC COLLEGE OF MEDICINE ALUMNI ASSOCIATION
Grant Application Form
For Projects beginning prior to March 1, 2012

Department or Name of Organization: ________________________________

CONTACT PERSON: ________________________________________________

Student or faculty (please circle) Cell or daytime phone: ________________

EMAIL: ________________________________

If a student group, who is your faculty or department representative: ______________

FUNDING REQUEST: $______________ Funds Requested for:

_____Education Activities _____Social Activities

______________________________________________________________

On a separate sheet of paper please answer the following questions:

How will the College of Medicine or College of Medicine students benefit from this project?

The Mission of the College of Medicine is to improve the health of Nebraskans through premier education programs, innovative research, quality patient care and outreach to underserved populations. How will the funds support the mission of the College of Medicine?

Please submit an accompanying budget and supporting materials or detailed description. Budgets should be broken down into six generic categories: clinical materials and supplies; education supplies; travel; meals; speakers or conference related items; other (please explain).

Proposals will be scored on the following criteria:

• Importance to the College of Medicine Alumni Association
• Impact to students and/or faculty
• Provides opportunity for recognizing the COMAA
• Reasonableness of funding request

Date funds are needed: ____________________

*The College of Medicine Alumni Association reserves the right to set a maximum limit on the dollars granted.

RETURN THIS FORM TO: Roxanna Jokela, ALUMNI RELATIONS, ZIP 5200
Awards will be made semi-annually pending available funds. Requests for support may be submitted immediately but are due no later than October 7, 2011 for projects beginning prior to March 1, 2012.