

**Boston University School of Medicine
Student Wellness/Service Learning Program
Funding Application**

Organization Information:

Name of Organization: _____

Student requesting funding _____
(please print)

Address: _____

UID# _____ Email: _____

Event Information:

Name of Event: _____

Date: _____

Time: _____

Location: _____

Number of BUSM students expected to attend: _____

Faculty Advisor: _____

Brief description of event: _____

Funding Information:

Amount requesting: _____

Purpose for funding: _____

Reviewed by:

Dr. John Polk, Assistant Dean, Office of Student Affairs,
Room A204 on (date) _____

Approved: _____ Denied: _____

Reason for denial _____