



Wellness Initiative Grant

Grant

- Wellness Grant requests can be initiated by individuals or small groups of interested students; these requests are usually **independent of affinity groups or student organizations who have their own funding models**
- Wellness Grant funding is typically used for resources designed to help students promote wellbeing and community building.
- Preference will be given to applicants who have not yet received a Wellness Grant during the current academic year (first day of Autumn Quarter – last day of Summer Quarter)

Requirements

- Requests due at least two weeks prior to the proposed event.
- Events that are funded by a Wellness Initiative Grant must be advertised on the DSA Newsletter and on the student listservs.
- Although you may have a particular cohort or program in mind, events must ultimately be open to the entire Swift community.
- The maximum amount of a Wellness Initiative Grant is \$100, and **funds cannot be used for the cost of gas or alcohol.**

Application Process

Complete applications must be submitted **at least 2 weeks prior** to the event. In order to be considered for the award, contest organizers must submit:

1. A fully completed **Application Form** (see page 2), including a copy of the **Proposed Contest Budget**

Applications can be submitted via email to: fundingDSA@gmail.com



Wellness Initiative Grant Application

I. Applicant Information

Name:		Student ID#:	
Address:		E-mail:	
City:	State:	Zip:	Phone:
Program:	Year:	Preferred Pronouns:	

Have you previously received a DSA Wellness Initiative Grant during the current academic year (first day Autumn Quarter — last day Summer Quarter)? _____

II. Event Information

Event Name:	Date:
Tentative Location:	Approx. Time:
Description of Event:	
Goal of Event:	
How will you advertise?	
How many students do you expect to attend?	

III. Proposed Budget

Item	Description	Cost
		\$
		\$
		\$
	TOTAL	\$

IV. Impact

Please describe how your proposed event will promote wellness at Swift Hall and advance the aims of the DSA Wellness Initiative.

V. Signature

I certify that this information is true and complete, and given in good faith.

Signature

Date

Internal Use Only

Processed: _____ Date: _____

Amount Approved: _____