

**APPLICANT INFORMATION**

Date:		Amount Requested:	
Name of Group:			
Main Contact Name:			
Cellular: (    )		Daytime Phone: (    )	
Address:		Email:	
City:	Province:	Postal Code:	

**1. Provide specific details of the project/activity your group is needing support for (*the cause, goals and objectives, where and when it takes place, how many CoM students will benefit, and a detailed budget*).**

**2. Explain *why* the College of Medicine's Alumni Association should provide funding for this initiative.**

**3. Explain how this contribution will be recognized (*ie verbal thank you, newsletter, logo on poster etc.*).**

Applicant Signature:

Date:

**Submit your completed application at least 6 weeks in advance of your event date or funding deadline to:**

**Email:** [medicine.alumni@usask.ca](mailto:medicine.alumni@usask.ca)

**Deliver or mail to:**

Alumni Relations Officer, College of Medicine  
5D40 D Wing, Health Sciences Building  
107 Wiggins Road, Saskatoon, SK S7N 5E5

**Questions? Phone:** 966-5763

*The College of Medicine Alumni Association's Board of Directors meets once/month from September to May. Decisions on sponsorship applications will be made by the Board during regular meetings. Priority is placed on projects benefiting the largest group of students rather than individual students.*