



## Statement of Purpose Program Application

Name(s): \_\_\_\_\_ Classification(s): \_\_\_\_\_

Event/Program Title: \_\_\_\_\_

Thank you for your interest in wanting to participate with the Office of Diversity, Equity, and Inclusion at the College of Medicine. Please attach a document containing all of the following information. You can submit that in print or electronically to Ashley Winterrowd (awinterrowd@tamu.edu) or Letitia Hooks (l.hooks@exchange.tamu.edu).

- Purpose: What is the objective of your initiative?
- Benefit: Who would be the beneficiaries?
- Expected Outcome: What are you hoping this would achieve?
- Mission Statement: How does this align with our Diversity, Equity, and Inclusion Mission Statement?
- Measurement: What ways could one measure the success of this initiative?

In addition, please include:

- Person of contact for this application with name, email, phone number, and title.
- Timeline of Project
- Budget (if applicable)
- Names of all collaborators

Do attach a document that contains all of the above. Failure to do so will result in an invalid application. Do not hesitate to contact us if you wish to discuss your application before submission.

### For Office Use Only:

Name of applicant(s): \_\_\_\_\_ Date of submission: \_\_\_\_\_

Number of pages attached: \_\_\_\_\_ Approved/Denied by: \_\_\_\_\_



## Request for Funding

Name(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_ Amount requested: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Reason for request: \_\_\_\_\_

Please **attach a document** containing all of the application information. You can submit that in print or electronically to Ashley Winterrowd (awinterrowd@tamu.edu) Letitia Hooks (l.hooks@exchange.tamu.edu).

- Purpose: What is the objective?
- Benefit: Who benefits? (Individual/COM)
- Measurable Outcome: What are you hoping to achieve?
- Mission Statement: How does this align with our Diversity, Equity, and Inclusion Mission Statement?

### For conference:

- Attending  Presenting  Representing  Dates: \_\_\_\_\_
- Conference Name: \_\_\_\_\_ Location: \_\_\_\_\_
- Registration  Flight  Hotel
- If presenting: Poster  Digital presentation  Other: \_\_\_\_\_
- Attach abstract of research/presentation

### Special Event:

- Catering  How many? \_\_\_\_\_
- Dietary Restrictions:** Vegan  Vegetarian  GF  Allergies: \_\_\_\_\_
- Speaker
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
- Flight  Hotel  Dates (departure/arrival): \_\_\_\_\_
- Transportation  Gift  Honorarium  \$ \_\_\_\_\_

Failure to provide required information will result in an invalid application. The office will notify you once a decision has been made.

### For Office Use Only:

Approved/Denied by: \_\_\_\_\_ Date of submission: \_\_\_\_\_