



Statement of Purpose Program Application

Name(s): _____ Classification(s): _____

Event/Program Title: _____ Location: _____

Thank you for your interest in wanting to participate with the Office of Diversity 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 Laura Mejorado-Scott (lmejorado-scott@tamu.edu) or Fernanda Preciado (preciado@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 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: _____ Location: _____

Please **attach a document** containing all of the application information. You can submit that in print or electronically to Laura Mejorado-Scott (lmajorado-scott@tamu.edu) and Fernanda Preciado (preciado@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 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: _____