

**Walgreens Diversity Program Grant Application**  
The University of Texas College of Pharmacy  
Coordinated by the Cultural Proficiency Committee

Faculty, staff, students and student organizations are invited to request a grant from the Cultural Proficiency Committee for the development, implementation, and support of programs that will have a positive impact, and/or inspire more diversity in our pharmacy school. The Walgreens funds will support grant requests up to \$600 (actual award amount based upon the justification) or individual student requests up to \$125 (actual award amount based upon the justification).

**Deadlines to submit requests to the Cultural Proficiency Committee are May 1 for Fall semester funding and November 1 for Spring or Summer semester funding. *Applications must be submitted electronically.* Review of applications and decisions on awarding funding will be made by September 1 for fall funding and January 1 for spring or summer funding.**

No faculty, staff, student or student organization will receive more than one grant per year.

For questions on the Walgreens Diversity Program Grant program, contact Carolyn Brown, Chair of the Cultural Proficiency Committee, at [cbrown@austin.utexas.edu](mailto:cbrown@austin.utexas.edu) and include "Walgreens Diversity Program Grant" in the subject line.

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Student/Student Organization: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

**(Faculty Advisor name and signature required.)**

Faculty/Staff Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Budget Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_ Faculty E-Mail Address: \_\_\_\_\_

Phone: Office \_\_\_\_\_ Cell \_\_\_\_\_

Programs approved by Walgreens are listed below. For which of the following activities/resources are you requesting funds? *Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Diversity Council                                  | <input type="checkbox"/> Diversity outreach programs   |
| <input type="checkbox"/> Pharmacy Camp (PharmCamp)                          | <input type="checkbox"/> Diversity events or celebrations (e.g., black history month, women's month) |
| <input type="checkbox"/> middle or high school                              | <input type="checkbox"/> Student recruitment focused on diversity                                    |
| <input type="checkbox"/> community college                                  | <input type="checkbox"/> Community-based educational programs  |
| <input type="checkbox"/> 2-year academic institution/trade school           | <input type="checkbox"/> Other: <i>(Please specify)</i>  |
| <input type="checkbox"/> Career explorers program                           | _____  |
| <input type="checkbox"/> Professional diversity organizations (e.g., SNPhA) | _____  |

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**Description of Individual's or Organization's Activities**

Describe your past or current programs and activities as they relate to this request.

**Description of your request**

What are the goals, objectives and activities/strategies involved in this request? Is this a request for support of a new initiative or an on-going program? When will the program occur? What is the timeline for the activities/program involved in this request?

**Evaluation**

Describe your plan for evaluating the success of the project or for your work. How will the evaluation results be used?

**Other Supporting Material**

Include the website, program brochures, list of activities, commitment letter/email from 3<sup>rd</sup> party and/or any other material that is relevant to your request.

**Date of the Event:**      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Budget**

Give a detailed, itemized budget along with justification for budget items. Walgreens funds may not be used for food.

*(Note: Actual award amount based upon the justification).*

<b>Item</b>	<b>Justification</b>	<b>Amount</b>
<b>Total</b>		