Request for Diversity Office Funding

Today’s date: ___________________ Your Name__________________________________________________________

Department/Organization Requesting Funding: __________________________________________________________________________

Date of Event: ___________________ Your Email: __________________________________________________________________________

Funding Requested (please itemize): _______________________________________________________________________________________

Amount of Department Contribution (name Dept.) ______________________________________________________________:

__________________________________________________________________________________________________________

Description of Event (include how it fits with you/your department’s diversity strategic plan goals and how you would acknowledges College of Nursing’s sponsorship/support):

Submit to: valerie-garr@uiowa.edu OR College of Nursing Diversity Office, Rm. 131 CNB
Approved funding is awarded first-come, first serve and based on availability of Diversity Office financial
resources at time of application.

For use by College of Nursing Diversity Office:

Date request received: ___________________ Total Amount Funded: ___________________

Payment arrangement: __________________________________________________________________________________________

Program summary received: ________________________________________________________________________________________