



**PARA Resident Physician-Initiated Well-being Event – Rural**  
Application Form

Name of the Applicant: \_\_\_\_\_

Program of Applicant: \_\_\_\_\_

Mailing Address #1: \_\_\_\_\_

Mailing Address #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Event Details:**

Type of Event Including Description: \_\_\_\_\_

Date and Location of Event: \_\_\_\_\_

Number of Resident Physicians Expected to Attend: \_\_\_\_\_

Number of Non-resident Physicians Expected to Attend: (e.g. Family): \_\_\_\_\_

Total Expected Number of Attendees: \_\_\_\_\_

**Wellbeing Goals of this Event: Brief Description (No More Than 150 Characters)**

Total Funds Requested\*: \$ \_\_\_\_\_

\*You may be asked to provide a detailed budget for this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Funding Approved: Yes:  No:

Maximum Funds to be Sponsored: \$ \_\_\_\_\_

Comments: \_\_\_\_\_