



POZEN SCHOLARS PROGRAM
FOR HEALTH EQUITY & SOCIAL JUSTICE

Faculty Service Project Form

Contact Info

FACULTY NAME:

DEPARTMENT:

ADDRESS:

PHONE: () -

E-MAIL:

STUDENT ASSISTANT/S (*if any*):

Previous Experience

PLEASE DESCRIBE PREVIOUS EXPERIENCE RELEVANT TO COMMUNITY SERVICE:



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Project Info

PROJECT TITLE (200 Characters max):

PROJECT DESCRIPTION: In 500 words or less, describe the following: 1) How the project proposed serves the city of Newark. 2) What will be gained by way of service and experience upon completion.

WILL THIS PROJECT BE SUPPORTED BY ANY OTHER FUNDS? (Please circle)

Yes

No

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(IF YES, PLEASE STATE FUNDING SOURCE):

Please specify the total amount being requested with justification:

Name

Date

**Please return form to Dr. Joy Cox, Office for Diversity and Community Engagement
185 South Orange Avenue
MSB B517
Newark, NJ 07103
joy.a.cox@rutgers.edu**