## SOMA Chapter Grant Program Project Summary Form

**Contact Person’s Information:**

*Name:*

*Position:*

*Phone:*

*E-mail:*

*School:*

**Project Summary**

Summarize the outcome of the project including the objectives accomplished that were proposed in the IGR, the individuals who benefited from this project, and how the project promoted the osteopathic profession.

**Please copy pictures of your event below:**

Please forward summary and photos of the event to the Foundation Liaison Apprentice, at foundationliaison@somafoundation.org .

*Commitment to Osteopathic Pride & Excellence.*

 **Student Osteopathic**

 **Medical Association Foundation**