

## **Veloxis® Organ Donation Challenge Project Grant**

### **Grant Description**

The goal of the Organ Donation Challenge (ODC) Project Grant is to provide financial support for pharmacy student groups who are conducting projects through the AST Transplant Pharmacy Community of Practice's Organ Donation Challenge.

### **Application and Procedures**

Pharmacy student groups and their partner AST member (transplant pharmacist or resident) are invited to submit a project proposal that is in line with the goals of the Organ Donation Challenge. The proposal may be related to any aspect of organ donation including but not limited to education or promotion.

### **Award**

Four winners will be selected. Each winner will receive a grant of \$125 to assist in the implementation of the described project proposal. The winner will be announced by **March 13, 2026** and the grant funds will be distributed immediately following. **The grant funds must not be used for activities other than the organ donation awareness challenge.**

### **Eligibility and Limitations**

- Students must be enrolled in a U.S. accredited school of pharmacy.
- At least one member of the project team must be a member of AST. In most cases, this will be the partner transplant pharmacist or a transplant pharmacy resident.
- Each applicant group can submit only one project.

### **Application Deadline**

Applications must be submitted electronically via email by **Friday, February 27, 2026 at 23:59 EST**. The application should include the application form, completed, and signed. Applications should be submitted to [idris.yakubu@vcuhealth.org](mailto:idris.yakubu@vcuhealth.org).

### **Evaluation Process**

All entries received will be assigned a number and screened for adherence to the application rules. A review panel nominated by the AST Transplant Pharmacy Community of Practice's Organ Donation Workgroup will consider all valid applications. The winning applicants will be selected by the review panel and subjected to approval by the COP's Executive Committee.

Each entry will be evaluated anonymously based on the responses to the following questions:

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Pharmacy School (name and address)	Pharmacy Student Champion (name and email)
Student Professional Organization (if applicable)	AST Member Champion (name and email)
Briefly describe your proposed project (250 words or less).	
Describe how the \$125 grant would be used (250 words or less).	
Explain how receipt of this grant would influence the scope and potential reach of the project (250 words or less).	
In your own words, describe the importance of raising awareness for organ donation in your community (500 words or less).	
<p>By signing this application, the applicant agrees and understands that any monies received or paid as a result of this application are subject to the following terms:</p> <ol style="list-style-type: none"> <li>1) All information contained in this application is truthful and accurate to the best of your knowledge</li> <li>2) Funds granted as a result of this request are expended for the project described in this application</li> <li>3) Groups receiving the grant agree to submit a project summary for the Organ Donation Challenge award</li> <li>4) The American Society of Transplantation and its Transplant Pharmacy Community of Practice have the right to use and publicize information provided on this form for the purposes of managing the grant and publicizing project outcomes</li> </ol> <p>I affirm that I have read and understand the rules of the ODC Grant program.</p> <p>_____</p> <p>Pharmacy student champion (Name, signature and date)</p> <p>_____</p> <p>AST member champion (Name, signature and date)</p>	