

POMA Foundation | Resident Wellness Grants

Pennsylvania Osteopathic Medical Association Foundation

Instructions



Welcome to the POMA Foundation's
2026-2027 Resident Wellness Grants
application!

NOTE: At least 25% of ALL RESIDENTS in your program must be POMA members.

- Please contact Deb at dcargillroan@poma.org to confirm POMA membership of the applicant and/or residents.
- Deb can also help any or all of your residents join POMA. Contact her at dcargillroan@poma.org or 717-939-9318 ext. 170. This can be done via email, over the phone, or POMA can invoice your program.
 - o POMA members can be MDs.

Application instructions:

- You can log in and out of the application to work on your proposal.
- Be sure to click the "*Save Application*" button at the bottom of the screen before you exit.
- Once you have finished working on your application, click "*Submit*" button, also found at the bottom of the page.

You can download a copy of your submission. You will also receive a confirmation email.

Eligibility Questions

I am a POMA member*

The applicant/primary contact must be a POMA member.

Choices

Yes

No

Our residency program agrees to acknowledge POMA Foundation funding.*

The applicant and/or program director are responsible for ensuring that POMA Foundation support is acknowledged in all promotions, including social media, emails, posters, and newsletter alerts.

NOTE: Please keep copies or screenshots because you will be asked to provide them, along with photos, as part of your event report.

Choices

Yes

No

Our residency program agrees that a final event report will be submitted after our activity/event.*

The applicant and/or program director are responsible for submitting a short report, including a short recap and at least 1 photo. The applicant and/or program director must also complete a short survey, asking if you spent down the funds, about attendance, and how you acknowledged POMA Foundation funding. Reports are greatly appreciated within 2 weeks after the event but no later than 5/30/2027. Expect a check-in from Angie a couple weeks before the Annual Scientific Assembly in May. If the final report is not submitted, your program will not be eligible for a Resident Wellness Grant next year.

Choices

Yes

No

Contact Information

APPLICANT

This is the primary contact.

Applicant first name

Character Limit: 50

Applicant last name*

Character Limit: 50

Applicant suffix*

Select all that apply

Choices

DO

MD

PGY1

PGY2

PGY3

Applicant email*

Character Limit: 254

PROGRAM DIRECTOR

Program Director first name*

Character Limit: 50

Program Director last name*

Character Limit: 50

Program Director suffix*

Choices

MD

DO

Program Director email*

Character Limit: 254

PROGRAM COORDINATOR

Program Coordinator salutation*

Choices

Ms.

Mr.

Program Coordinator first name*

Character Limit: 50

Program Coordinator last name*

Character Limit: 50

Program Coordinator email*

Character Limit: 254

Program Coordinator phone number*

Please use this format:

000-000-0000

Character Limit: 12

Residency Program Details

Institution*

Hospital or health system where your residency resides.

Ex: PA Valley Health System

If there are multiple programs at the institution spread out across multiple sites, include the site name.

Ex: PA Valley Health System Central Hospital

Character Limit: 250

Residency Program*

Use the name given to your program by your institution.

Ex: PA Valley Central Hospital Internal Medical Residency Program

Character Limit: 250

Street address*

Include floor number, suite, building if part of official address.

Character Limit: 250

City, state, zip*

Use this format:

City, PA 17123

Character Limit: 100

Residency Demographics

Total number of DOs	Total number of residents	Total number of residents who are POMA members	POMA membership %

Event Title*

Character Limit: 250

Activity*

ex: painting party, escape room, snow tubing

Character Limit: 250

Activity Details

Activity title*

Character Limit: 250

Activity date*

It's ok if the date is tentative at the time of application. You will be asked to confirm the date if your application is funded.

Character Limit: 10

Short activity description*

ex: pickleball tournament, resident retreat

Character Limit: 250

Location*

ex: Movie theater, Mytown, PA

Character Limit: 300

Activity abstract*

Tell us about your program in about 150 words. Who, what, when, where, how and why.

Character Limit: 1500

Why did you choose this specific activity/event?

Character Limit: 1000

Plan and timeline*

ex:

Jan 2027: make reservation

Feb 2027: send invitations

March 2027: hold activity

Character Limit: 1000

Select a category which best describes your program activity*

Select all that apply.

Choices

Physical activities/healthy habits

Mental/emotional practices

Social/community engagement

Hobbies/interests

Stress-management

Workplace-level strategies

Organizational-level resources

Tools and strategies*

What tangible tools or strategies will be demonstrated or taught to address wellness and life balance?

Character Limit: 1000

Budget narrative*

Ex:

Posters \$50

Tickets (15 x \$20) \$300

non-alcoholic drinks and snacks for 15 people \$150

TOTAL: \$500

Character Limit: 1000

Payment

If awarded a grant, indicate who the check should be made payable to and where it should go. *Check these details carefully! POMA is not responsible for checks sent to the wrong person/department.* Stopping payment on checks and resending payment wastes POMA Foundation resources and delays your program.

Payee*

Who should we make the check payable to? The POMA Foundation does NOT make payments to individuals.

Character Limit: 250

Full name of person who should receive the check*

This is the person to whose attention the check should be mailed.

Character Limit: 250

Their email*

Character Limit: 254

Their title*

Character Limit: 250

Their department/Program*

This may be different than your residency program.

Character Limit: 250

Their institution*

Character Limit: 250

Institution street address*

Include floor number, suite, building if part of official address.

Character Limit: 250

Institution city, state, zip*

Character Limit: 250

W9 upload*

You must submit a W-9. Save as: "Residency Program Name W-9."

- The department that collects grant payments usually has a current W9 that you can use.
- Download a blank W9

File Size Limit: 2 MB