

**Application for SCAVMA  
Club Educational Funds/Club Membership Funds**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Class year: \_\_\_\_\_

Amount requested from SCAVMA: \_\_\_\_\_

Checks Payable to: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

If you are applying for club membership funds, please attach meeting sign-in sheets and an excel document showing the number of club members that have attended at least 2 club meetings. Your club is eligible to receive \$5 for each additional member after the initial 15 members.

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SCAVMA Authorization

Approved on: \_\_\_\_\_ by \_\_\_\_\_

Club Requirements met?

RSO \_\_\_\_\_

Refrigerator/Microwave cleaning \_\_\_\_\_

VMSS \_\_\_\_\_

Club Constitution \_\_\_\_\_

Club Treasurer Report \_\_\_\_\_