SCAVMA INDIVIDUAL EDUCATION FUND Check Request Form

Your Name: _______________________________ Class: ___________
Today’s date: ____/____/_____  
Amount Requested: $__________
Brief description of event/travel: ______________________________________________________

________________________________________________________________________________
Indicate which school year’s funds will be applied to experience: _________

Date of presentation: ____/____/______  Initials of witness ________

OR

Individual Funds Experience Description Form Attached

Did you receive any other funding for this event (ex. scholarship, funds from a professional organization):  YES  NO
If yes, please explain:________________________________________________________________________

Was this for a Selective or Required Ambulatory Rotation  YES   NO

Please attach:
  o Appropriate invoices/receipts (credit card and bank statements will not be accepted)
    • Receipts must be produced and explained for each transaction included in the request.
    • An individual may apply for up to $200 per fiscal year.
    • Please see SCAVMA Educational Funds Rules for guidelines.
    • Food and beverage will not be reimbursed.
    • Travel with the intention of seeking out externship or non-post graduate “internship” opportunities will not be funded.

  o Individual Funds Experience Description form (if presentation was not given) *NOTE* This requirement is waived for 4th years

Applicant Signature: ________________________________________________________________

SCAVMA Authorization

____ SCAVMA dues paid
____ SCAVMA points (2)
____ Attended 2 meetings
____ Experience Description Form complete or Presentation verified
____ Attached Approval form

Amount Awarded: $ ______________

Signature of SCAVMA President ______________________________________________________
Signature of SCAVMA Treasurer ____________________________________________________