

Application for SCAVMA INDIVIDUAL FUNDS

Today's Date: ____/____/____

Date of Event: ____/____/____

Name: _____ Class year: _____

Reason for Request:

Total cost of event: \$ _____

Itemized costs:

Amount requested from SCAVMA (25% of student's actual cost): \$ _____

Applicant's signature: _____

- An individual may apply for up to 25% of their actual costs, not to exceed \$200.
- Please see SCAVMA Educational Funds Rules for guidelines.
- 1-3rd years: You are required to attend the Executive Council Meeting at which this application will be considered in order to defend your request.
- 4th years may submit a 200 word description/request in leu of attendance at Exec mtg.

- This is an individual request, a presentation about the conference, event, etc. attended is required within four weeks upon returning. Please schedule your presentation with SCAVMA calendar coordinator.
- THIS APPLICATION MUST BE RECEIVED PRIOR TO EVENT

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SCAVMA Authorization

Approved on _____ by _____