SCAVMA INDIVIDUAL EDUCATION FUND Check Request Form

Your Name: ______________________________________ Class: __________
Contact Email: ____________________________________________
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 Required Ambulatory Rotation YES  NO

Please attach:
  ● 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.

  ● 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 _______________________________
Signature of SCAVMA Recording Secretary________________________