



SCAVMA Funding Pre-Application

YOU MAY EXPAND ANY ASPECT OF THIS APPLICATION ON ADDITIONAL PAGES.

MONTH AND YEAR OF APPLICATION: _____

PLEASE SELECT THE APPLICATION TYPE: Proactive Retroactive

CLUB/COMPANY and INDIVIDUAL NAME: _____

EMAIL ADDRESS: _____

CLUB OFFICER POSITION/INDIVIDUAL TITLE: _____

EVENT TITLE: _____

EVENT DATE(S): _____

ESTIMATED NUMBER OF ATTENDEES: _____

IS THE EVENT OPEN TO ALL VETERINARY STUDENTS FREE of CHARGE? Yes No

IS THE EVENT OPEN TO ALL ATTENDEES FREE of CHARGE? Yes No

IS ANY PART OF THE EVENT A FUNDRAISER? Yes No

PLEASE DESCRIBE IN DETAIL THE PURPOSE OF THE EVENT/FUNDRAISER/EQUIPMENT AND HOW IT WILL BENEFIT THE STUDENT BODY AND VETERINARY COMMUNITY: _____

PLEASE OUTLINE THE SPECIFIC ITEMIZED COSTS OF YOUR EVENT/FUNDRAISER/EQUIPMENT:

ITEMIZED PROJECTED COSTS		ITEMIZED PROJECTED INCOME	
TOTAL PROJECTED COSTS	TOTAL PROJECTED INCOME	TOTAL PROJECTED NET INCOME	
AMOUNT OF FUNDS REQUESTED			

FOR OFFICE USE ONLY

APPROVED: <input type="checkbox"/> Y <input type="checkbox"/> N	APPROVAL #:	APPROVED AMOUNT:	ACCOUNT: <input type="checkbox"/> UDA <input type="checkbox"/> SCAVMA	DATE:	INITIALS:	PAGE 1 OF 2
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WHAT FUNDRAISING EVENTS HAS YOUR CLUB DONE AND HOW MUCH HAS IT FUNDRAISED, or HOW MUCH HAS YOUR COMPANY DONATED TO THE UDA ACCOUNT? _____

PLEASE PROVIDE A SPECIFIC EXPLANATION OF HOW THIS MONEY WILL BE USED IF THE BOARD SHALL AWARD IT TO YOUR CLUB/COMPANY: _____

IS THIS FINANCIAL ASSISTANCE REQUIRED PRIOR TO THE EVENT? Yes No

HAVE YOU APPLIED FOR SCAVMA FUNDING BEFORE? Yes No

HAS YOUR CLUB/COMPANY APPLIED FOR SCAVMA FUNDING BEFORE? Yes No

IF YES TO EITHER OF THE ABOVE, WERE YOU AWARDED FUNDING? Yes No

WHAT TYPE OF APPLICATION DID YOU RECEIVE FUNDING FOR? Proactive Retroactive N/A

HOW MANY TIMES HAVE YOU AND YOUR CLUB/COMPANY RECEIVED FUNDING FROM SCAVMA THIS SCHOOL YEAR? _____

DO YOU AGREE TO REPRESENT SCAVMA AND THE UDA AT YOUR EVENT, INCLUDING POSTING THE SCAVMA AND THE UDA BANNERS? Yes No

IF YOU ARE A CLUB RECEIVING FUNDING, DO YOU AGREE TO WRITE A THANK YOU LETTER DESCRIBING THE EVENT, NUMBER OF ATTENDEES, ETC TO THE UDA ACCOUNT DONORS AND SUBMITTING IT WITH YOUR REIMBURSEMENT APPLICATION?

Yes No N/A

THANK YOU FOR YOUR APPLICATION!

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APPROVED: <input type="checkbox"/> Y <input type="checkbox"/> N	APPROVAL #:	APPROVED AMOUNT:	ACCOUNT: <input type="checkbox"/> UDA <input type="checkbox"/> SCAVMA	DATE:	INITIALS:	PAGE 2 OF 2
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