

INDIVIDUAL EDUCATIONAL EXPERIENCE PROPOSAL FOR PET FOOD FUNDING

Before requesting funding, please obtain a copy of Guidelines for Usage of Pet Food Funds and familiarize yourself with Section 1 and Section 4. Proposals will be denied a hearing or funding if they do not meet the criteria set out in these guidelines, or if the proposal form is filled out inaccurately, incompletely, or inappropriately.

Title of Proposal/Educational Experience: _____

Person(s) Primarily Responsible for Proposal: _____

Sponsoring Club (if applicable): _____

Description of
Educational Experience:
*(Be as detailed as possible in the
space provided. Include location
and dates.)*

Students Attending:
*(List names of ALL students
attending the event who are
requesting funding.)*

DETAILED BUDGET FOR EDUCATIONAL EXPERIENCE

Event Expenses:
(Detail all expenses the experience will incur. See section 4.4 of the Guidelines for details of what is reimbursable.)

Reimbursable Expenses:

Non-Reimbursable Expenses:

TOTAL:

TOTAL:

Fundraising & Income:
(List any other procured, anticipated, or attempted funding for the experience.)

Funding PER PERSON Requested from Pet Food Funds:
*(Funding limits are outlined in Section 4 of the Guidelines and apply **only** to reimbursable expenses.)*

If any persons attending are ineligible for the full amount above, list them individually with their reduced request amount:

TOTAL AMOUNT REQUESTED:

We, the undersigned, have attached Travel and Event Planning forms: YES

We, the undersigned, have read section 1.4 of the Guidelines, and if this project receives funding we shall take responsibility for fulfilling the obligations listed there: YES

We, the undersigned, have ensured that all attending students are aware of the requirement to submit an evaluation of the experience listed in section 4.3: YES

SIGNATURES OF RESPONSIBLE PERSON(S): _____

**RETURN THE COMPLETED FORM AND ATTACHMENTS TO THE SCAVMA SECRETARY.
 ALL FORMS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE HEARING.**