

SOC Competition Grant Form

Have this authorization signed by a faculty member and deliver to the Director of Ops SV232

Student Name: _____ Student Major: _____ Department: _____

Student ID Number: _____ Student Contact Number: _____

Today's Date: _____

Amount Requested: \$ _____ Student E-Mail: _____

Reimburse -Name _____

Address: _____

City/State/Zip _____

(area code) Phone _____

Number: _____

Only original receipts showing method of payment will be reimbursed

Students may apply to several competitions for a total request of \$50.00 per academic year

Entry Description: _____

Approval

Reimbursement will **not** be processed without faculty prior approval

Approval can come from any SOC faculty

Faculty Signature: _____ Print Name: _____ Date: _____

Amount Requested: \$ _____ Account: _____

Director of Ops Signature: _____ Print Name: _____ Date: _____

Dean's Office Approval: _____ Print Name: _____ Date: _____