

S.G.E. FIELD CAMP GRANT APPLICATION

Name: _____ Date: _____

Address: _____

Major: _____ Class: _____

Student ID#: _____ Phone: _____

Advisor: _____ Phone: _____

Field Camp applied for: _____

Estimated Cost: _____

Starting Date: _____ Completion Date: _____

CERTIFICATION: I agree to apply the funds, if awarded, to the cost of attending field camp. I assume responsibility to provide proof of attendance if requested.

Signature: _____ Date: _____

Please submit a current academic transcript with the completed application to the Geology Department Main Office (Room 101 Leonard Hall).

FOR SCHOLARSHIP COMMITTEE USE ONLY

Fund _____ Date Approved: _____

Amount funded _____

Signature _____

Signature _____

Signature _____

***This grant is invalid unless signed by two Scholarship Grant Committee Members.**

Write not more than one (1) page detailing why you deserve this scholarship.
