APPLICATION STUDENT CHECK LIST

Student Name: ____________________________________________ Class Yr: ____________

EMPLID: ___________________________ College: ________________________________

Major: ___________________________ Minor: ________________________________

GENERAL REQUIREMENTS:
You must meet the following eligibility criteria in order to submit an Opportunities Fund application.

☐ In Good academic standing
☐ FAFSA/TAP on file and fully processed for the current academic year
☐ No outstanding receipts
☐ Completed and passed the Opportunities Fund Online Quiz
☐ Clearly written Statement of Justification according to instructions on the Opportunities Fund Application
☐ Completed Opportunities Fund Application (Please save a copy for your records)
☐ Funds requested do not exceed annual limits (per year and per program)
☐ Seniors must have completed 30 hours of Community Service by the first day of classes of their senior year.

APPLICATION DOCUMENTATION:

☐ Advances: Attach documentation that includes a description of the activity and cost.

☐ Reimbursements:
  - Attach documentation that includes a description of the activity and cost.
  - Submit receipts (i.e. Paid receipt from company, credit card statements, and copies of the cancelled checks) indicating the cost has been paid in full.

IMPORTANT INFORMATION:

➢ You must submit receipts no later than the last day of classes in the semester in which approval was received (with the exception of Study Abroad receipts). If your receipts are not submitted by the documentation deadline a registration stop will be placed on your record.
➢ All Opportunities Fund application decisions are final.
➢ Seniors in their last semester can only apply for a reimbursement (no advances).
➢ Opportunities Fund funds cannot be applied toward expenses incurred after the student’s last semester of attendance.
➢ Students who have graduated cannot submit Opportunities Fund Applications.
➢ Opportunities Fund funds can only be used for items that were approved. If the funds will not be used as appropriated, you must contact your advisor and the Assoc Director of Scholarships and Grants immediately.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Signature: _______________________________ Date: ____________________
APPLICATION
Licensing and Graduate Education Exams

Section 1: Student Information

First Name ____________________________ Last Name ____________________________
College ____________________________ Year ____________________________
EMPLID ____________________________ Telephone Number ____________________________ Email Address ____________________________

Section 2: Statement of Justification and Required Documentation

STATEMENT OF JUSTIFICATION

Attach a typed statement of justification for each item you are requesting and include the following:

- Reflect on your academic trajectory and discuss how this activity will enhance your academic and professional goals or allow you to move forward.
- Convince the reader by touching upon the following reflecting points:
  1. What is your career path and why did you choose it?
  1a. If you are taking an exam for a program of study, why did you choose that program specifically?
  2. Of the various options to prepare for exams, what led you to choose this method of study (E.g. online course, private tutoring)?

Note: Please include your name, campus, class and page number on each page of your statement.

Section 3: Budget

- List each item you are requesting funding for in the box below.
- Attach advertisements or internet print-outs demonstrating the cost of each item.
  * Advance Requests – Receipts must be submitted no later than the last day of classes in the semester in which approval was received.
  * Reimbursement Requests – Receipts must be submitted with the application for reimbursement. For purchases made over the internet, you must submit the invoice or receipt provided on-line after “check-out”.

<table>
<thead>
<tr>
<th>Item/Program</th>
<th>Price Per Item/Program</th>
<th>Advance or Reimbursement</th>
<th>Advisor Approval (initials)</th>
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*NOTE: it is possible to have some items from your request approved and other items denied

Total amount requested: $____________________
Section 4: College Approval

This form must be submitted to the local campus director/advisor for approval. The local Macaulay Honors College office will forward the application to the Opportunities Fund Committee for review.

Local Campus Macaulay Honors Director/Advisor approval:

__________________________________  __________________  __________________
Print Name                      Date                      Approved amount

Signature________________________

Comments:

Denied ☐

For Office Use Only

Status:  AY/Term  _______
Date:  Class  _______
Approved Amount:  Type (A/R)  _______
Comments/Information Requested:

Denied ☐