



GRANT APPLICATION

THE SOM+C EDUCATION GRANT WILL PROVIDE SOF MEDICS WITH A ROUTE TO ASSIST WITH FINANCIAL NEEDS BASED ON THEIR EDUCATIONAL GOALS. EXAMPLES INCLUDE BUT ARE NOT LIMITED TO; COURSE COSTS, BOOK FEES, SEMESTER FEES, TESTING FEES, AND OTHER ITEMS NOT COVERED BY TUITION ASSISTANCE OR OTHER SCHOLARSHIP AND GRANT OPPORTUNITIES.

PLEASE COMPLETE THIS APPLICATION FORM AND SUBMIT IT WITH THE REQUIRED DOCUMENTS.

APPLICATION AND ALL ITEMS SHOULD BE EMAILED TO GRANTS@SOM-C.ORG

NAME: _____ DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ COUNTRY: _____

EMAIL: _____

SOF MEDIC AFFILIATION (CURRENT 18D, PRIOR SOIDC, ETC): _____

REASON YOU ARE APPLYING FOR THE SOM+C EDUCATION GRANT: _____

INSTITUTION TO BE PAID IF AWARDED: _____

POINT OF CONTACT AT INSTITUTION TO MAKE PAYMENT: _____

HOW LONG HAVE YOU BEEN A SOM+C SOF MEDIC MEMBER: _____

DO YOU UNDERSTAND THAT IF AWARDED THE AWARD WILL BE PAID DIRECTLY TO THE INSTITUTION?

YES _____ NO _____

ARE YOU A CURRENT STUDENT? _____ IF YES, WHAT IS YOUR CURRENT GPA? _____

(PLEASE INCLUDE UNOFFICIAL TRANSCRIPT WITH GPA IN PACKAGE)

APPLICATIONS WILL ONLY BE CONSIDERED DURING THE APPLICATION WINDOW OF **JANUARY 10, 2022 – FEBRUARY 28, 2022. ANY INCOMPLETE OR LATE**

PACKAGES WILL NOT BE CONSIDERED

PRINT: _____

SIGN: _____ DATE: _____

I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF MY ABILITIES I UNDERSTAND, ANY MISREPRESENTATIONS OR INACCURATE INFORMATION CAN RESULT IN MY APPLICATION BEING REVOKED.

GRANTS@SOM-C.ORG



WWW.SOM-C.ORG



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