

ELIGIBILITY : *UDGXDWH FUGHGQWLDORU XQGHUJUDGXDWH VWXGHQWV HQ
HOLJLEOH WR DSSO\ B WX GH Q W D U F K U O H T P L H W S G S W R O D L V F D O 7 K H H D X U L H & R
(GXFDWLRQ\ V LQWHQW LV WR VXSSRUW RXU VWXGHQWV\ UHVHDFK DG
PDWHULDORU VXSSOLHV WKD\ W O F D Q S S O L F D W L R Q F H L R Q K H Z U O C H E H D U H F K L H R D I G V
IXQGV DYDLODELOLW\

- x The maximum award is \$250 One award per academic year per student.
- x This is only for "new" supplies We are not able to reimburse costs already incurred by the department or the student.
- x 8QDOORZDEOH FRVWV LQFOXGH SULQWLQJ RU ELQGLQJ RI SURMHFWV
VXSSRUW IDFXOW\ VDODU\ H[SHQVHV DVVRFLDWHG ZLWK FRPSOHWH
FHUWLILFDWLRQ UHTXLUPHQWV LQFHQWLYHV RU JLIWV IRU SDUWL
FRQIHUHQFHV PHHWLQJV RU V\PSRVLD

x (G' VWXGHQWV PXVW XVH WKHLU (G' 3' IXQGV EHIRUH UHTXHVWLQJ I

REIMBURSEMENT : Save all detailed original expense receipts Deadline to submit all reimbursement receipts is 0 D \ ,

To be completed by student:

Name: _____ Student ID: _____ B B B B
 Email: _____ B B B B Undergraduate _____ Graduate _____
 Major _____ B B B B B B
 Department: _____ Faculty Sponsor _____

%ULHIO\ GHVFULEH WKH UHVHDFK SURMHFW

, QGLFDWH ZKDW VXSSOLHV ZLOO EH XVHG WR SXUFKDVH KHOS IRU

Funding Amount Requested (max \$250) \$ _____

\$SSOLFDQW 6LJQDWXUH _____ Date _____

0\ VLJQH D W G L F D W L R Q F H L R Q K H Z U O C H E H D U H F K L H R D I G V

Faculty Signature _____ Date _____

Submit completed form to Maria Munoz, maria.munoz@sjsu.edu Deadline to submit form is 0 D \ 2025

TO BE COMPLETED BY LCOE:

_____ Approved Amount: \$ _____

BBBBBBBBBBBBB1RW \$SSOLFDWLRQ F H L R Q K H Z U O C H E H D U H F K L H R D I G V