



Student Organization Assistance Program (SOAP) Application



Organization's Full Name: _____

Type of Organization (Circle only one): Athletic – Greek – Honorary – Interest/Independent – Spiritual Life – Service – Multicultural

Contact Email: _____ Contact Phone: _____

Description of what the money will be used for (include date):

How will this support LaGrange College's mission statement of "Challenging the Mind & Inspiring the Soul?" How will this benefit the student body?

Will the activity occur on campus? (Circle One) YES NO

ITEM	PURPOSE	ANTICIPATED COST
ANTICIPATED TOTAL COST		

This form must be filled in completely and should be submitted no later than one academic month before the funds are needed. Applications must be submitted to the Dean of Students Office (Smith 124), or by email to dmccollo@student.lagrange.edu

Office Use Only:

Date Submitted: _____

SOAP Committee Approval: YES NO

SGA Treasurer Signature

Date

Amount Granted