Student Organization Assistance Program (SOAP)
Application

Organization’s Full Name: ____________________________

Type of Organization (circle only one): Athletic • Greek • Honorary • Interest/Independent • Religious Life • Service

Contact Email: ____________________________
Contact Phone: ____________________________

Description of activity (include date):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

How does this activity support LaGrange College’s mission statement of “Challenging the Mind & Inspiring the Soul?” How does the activity promote campus life?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Will the activity occur on campus? (circle one) YES NO
If no, where? ____________________________

List of supplies:

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<th>Item</th>
<th>Purpose</th>
<th>Anticipated Cost</th>
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Anticipated total cost: ____________________________

This form must be filled in completely and submitted no later than one academic month before the funds are needed. Applications must be submitted to Tara Kermiet, Director of Student Activities and Service in Turner 217.

Office Use Only:

Date submitted: ____________

SOAP Committee Approval: YES NO

SGA Treasurer Signature ____________________________ Date ____________ Amount Granted ____________

Notes: ____________________________________________
__________________________________________________________________________________________