

**2015 L. Austin Weeks Undergraduate Grant Program
Intended Use Receipt (STUDENT)**



Name (please print): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Grant Amount Awarded: _____



I agree that I will utilize the grant given to me by the AAPG Foundation for the sole purpose of furthering my geologic education and is based on the reasons I provided in my 2015 L. Austin Weeks Undergraduate Grant application.

Signature: _____ Date: _____

Please sign and return this form to AAPG Foundation Program Coordinator, April Stuart, by email:
astuart@aapg.org, fax: 918.560.2642, or mail: PO Box 979 Tulsa, OK 74101.