COMMODORE CLOSET

REQUEST & PERMISSION FORM

1. Full legal name (First Middle Initial Last)

____________________________________________________________________________________________________

2. VUNet ID

_________________________________________________________________________ __________________________

3. Email address

________________________________________________________________________________________________________

4. Graduation year

__________________ ______________________________________________________________________________________

5. Date of interview (if applicable)

___________________________________________________________________________________________________________

6. Thank you for your interest in the Commodore Closet. In order to best serve students, we ask that you provide a short description of the type and significance of your financial need. Due to limited funding and the intention of this program, we are unable to fulfill all requests. This information is confidential and will help us assess each submission individually.

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

By submitting this application, you are acknowledging the following:

I, undersigned, a currently enrolled student at Vanderbilt University, wish to participate in the Commodore Closet program. I understand that the program’s purpose is to provide gift cards to undergraduate students to purchase professional attire who are on need-based financial aid. I also understand that by applying, I will be voluntarily disclosing confidential information about my financial aid eligibility and status and that this information will only be used to determine my eligibility for the program. Those who have access must keep information they receive confidential.

_____ I consent

_____ I do not consent

I agree to turn in receipts to the Career Center and will write a thank you note to the donor (may be anonymous if preferred).

_____ I consent

_____ I do not consent

If selected, I understand that this is a one-time award for the 2018-2019 academic year.

_____ I understand

_____ I do not understand

Signature: ________________________________ Date: ______________________________________________

PRINT & BRING COMPLETED FORM TO CAREER CENTER