



## **Application for funding from NCCHA for student projects/programs**

### **PURPOSE**

NCCHA will make available to college students/groups/organizations, matching funds of up to \$500 for projects/programs that are directly applicable to College Health. It is the expectation of NCCHA that by having a funding source available, students will become actively involved in issues related to College Health, and thereby contribute to the enhancement of the overall health and wellness of college students within the North Central Affiliate.

### **ELIGIBILITY**

The applicant's institution must be an NCCHA member in good standing, with current membership dues paid in full. A formal application form must be submitted (see NCCHA website for downloadable forms).

A written request (including financial statement) must be electronically submitted (via attachment) to the NCCHA President (see NCCHA website or recent newsletter for address). It is the discretion of the Board to consider or reject a proposal based on the financial status of NCCHA at the time of request and merits of the proposal. Only one program/proposal per institution will be funded during any given year. Project or program must be directly applicable to college student health.

### **NCCHA Student Grant Guidelines**

- A. Statement of Purpose: What is the intent of the program?
1. Rationale (background information; needs assessment completed; why is this initiative important)
  2. Goal (broad statement related to the intended overall outcome or direction)
  3. Objectives (specific, achievable results; measurable accomplishments)
  4. Target Audience (who will benefit)
  5. Activities (who, what venue will be used, when, where and how)
  6. Expected Outcome (define; provide evaluation)

## B. Financial Statement

1. A matching monetary commitment, in writing, from applicant's home institution is required to be considered for funding.
2. An itemized estimate of projected costs is essential. Food or 'food stuff' should be included within the budget request if it is to be used to compliment the proposed project/program.
3. A written account of applicant's distribution of NCCHA funds is required, and must be submitted to the Board within (60) days of the completion of the project.

## C. Project Awards/Rejections

1. If clarification is needed to determine awarding of project, the board Member-at-Large from the state of the applicant's institution will seek clarification from the applicant.
2. NCCHA will notify applicants, in writing, of the decision to fund or not fund the project within 30 days of the Winter Board meeting.
3. Applicants that have been awarded NCCHA funds can reapply every other year. Those not receiving funds may apply yearly.
4. Project/programs awarded are encouraged to present at the ACHA OR NCCHA annual meetings.

## D. Project Timelines (coincide with NCCHA board meetings and newsletters):

- Fall - Application due - May 1  
Project/program to begin - September 1  
Project/program completion - December 15
- Spring - Application due - November 1  
Project/program to begin - January 15  
Project/program completion - May 15

## E. Project Completion (if project is awarded)

1. Written report to the NCCHA Board evaluating the program in terms of its goal, objectives, outcome(s), evaluations and final budget. (Report due to the NCCHA Board and the Newsletter Editor 90 days after project is completed)
2. Summary article will be written for the NCCHA Newsletter and submitted to the Newsletter Editor in a timely manner (preferably in time for publication in the next issue of the Newsletter).
3. A completed copy of the project/program will be submitted to NCCHA for use with affiliate members as requested.

**NORTH CENTRAL COLLEGE HEALTH ASSOCIATION  
STUDENT GRANT APPLICATION**

Name of Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of student organization requesting grant: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Project: \_\_\_\_\_  
\_\_\_\_\_

Project Coordinator (s):

Name	Phone	Email
_____	_____	_____
_____	_____	_____

Health Services Director:

Name:	Phone	Email
_____	_____	_____

On a separate page, please provide the following:

1. Name of project
2. Rationale (background information; why is this initiative important)
3. Goal (broad statement related to the intended overall outcome or direction.
4. Objectives (specific, achievable results: measurable accomplishments)
5. Target Audience (who will benefit)
6. Activities (who, what, when, where and how)
7. Expected Outcome (define; provide evaluation)
8. Projected date of completion.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(electronic signature)

**NORTH CENTRAL COLLEGE HEALTH ASSOCIATION  
STUDENT GRANT  
FINANCIAL STATEMENT**

We, \_\_\_\_\_ agree to provide \_\_\_\_\_  
 (College or University) (indicate dollar amount)

in support of \_\_\_\_\_

\_\_\_\_\_  
 Electronic Signature of Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title of Institutional Representative

**BUDGET**

Project budget items	NCCHA Budget	Institution/Matching Budget
<b>Total</b>		