

## ACHF Student Travel Funding Opportunity - Guidelines

### Sponsored by the ACHF Murray DeArmond Student Activity Fund

<https://www.acha.org/ACHF>

The amount of funding to be made available and the number of recipients will be determined annually by the ACHF Board based upon available fund earnings. Funding is to be used exclusively for travel and registration expenses to attend ACHA annual meetings. ***The cost of meals will not be covered by ACHF.*** Final funding decisions are made by the Student Travel Award Committee.

#### Guidelines:

- Funding will be open to student applicants who have demonstrated a significant career interest in college health and who have made a positive difference on their campus by serving as a peer health educator or in a leadership position on a student health advisory board, or who have (or will have) a leadership role in the ACHA Student/Consumers Section. Preference will be given to applicants who demonstrate the highest level of commitment and benefit to the field and/or continuity in effective student consumer leadership.
- Students are required to be student members of ACHA to apply. There is no cost associated with becoming a student member of ACHA. The application to become a student member is located here: [ACHA Student Application](#).
- Funding will cover half of travel/hotel costs and meeting registration fees. ***Expenses for meals will not be covered. Applicants are expected to share a hotel room with another student or meeting attendee. If you do not have a roommate, you can utilize the SHS Listserv or [ACHA Connect](#) to find one.***
- The student will be responsible for any remaining travel expenses not covered by ACHF funding.
- The selection process will be competitive and similar to the other ACHF offerings.
- Students will complete the application form below that asks why the student wants to attend the annual meeting, what they hope to gain from attending, how they will pay for the balance of their travel expenses, and what the student hopes to accomplish on their campus as a result of attending the meeting. Students will submit a detailed travel expense budget with the application form.
- Applications will be judged on scholarly effort, personal value, and expected outcomes.
- Applicants will obtain approval from the student health center authorizing director or related department head who will be required to sign the application form. The director or department head's signature will also document that their institution is not capable of providing adequate funds for travel, and that the student's ability to attend the ACHA meeting is dependent on ACHF funding (plus matching funds from other sources to cover total expenses, which may include the institution).
- Funding will be issued to the institution and not the recipient. It is the responsibility of the student health service director or related department head to ensure that funding is used for the purposes specified and that the student's complete travel expenses are covered.

**Recipients will be required to:**

- Attend breakfast to meet and speak with the ACHF Board Members at the ACHF Board Meeting and attend the Student Orientation meeting during the ACHA annual meeting.
- Provide a written evaluation of the winner's annual meeting experience that could be published on the ACHF webpage or in other publications (**due before July 31**).
- Recipients will be expected to become involved in a health center project on their campus following the meeting.

**ACHF Student Travel Funding Opportunity – 2025 ACHA Annual Meeting  
APPLICATION FORM COVER SHEET**

**Sign and email completed application form in one pdf document file to the ACHF Office at [achf@acha.org](mailto:achf@acha.org). Deadline to submit: February 3, 2025 (Use extra space, as needed.)**

**Total Funding Requested (50% of total hotel/travel/registration costs). Do not include food/meals:**

**Student Applicant Information:**

Name: \_\_\_\_\_

ACHA Student Membership #: \_\_\_\_\_

College/University: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

What, if any, is your current role in college health on your campus? \_\_\_\_\_

Attended an ACHA conference before?  YES  NO If yes, what year? \_\_\_\_\_

How did you pay for your travel expenses? \_\_\_\_\_

**Student Health Center Authorizing Agent or Related Department Head:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

ACHA Membership #: \_\_\_\_\_

College/University: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Post Requirements:**

- Make a brief presentation to the ACHF Board during their annual business meeting at the ACHA annual meeting attended by the student winner.
- Provide a written evaluation of the winner's annual meeting experience that could be published on the ACHF webpage or in other publications.
- Recipients are expected to become involved in a health center project on their campus.

**Student Applicant:**

I agree to attend the 2024 ACHA Annual Meeting, to use ACHF funding for travel/stay/registration expenses as stipulated in the Funding Opportunity Guidelines and to fulfill all post meeting requirements.

SIGNATURE (in ink) \_\_\_\_\_ DATE: \_\_\_\_\_

**Student Health Center Authorizing Agent or Related Department Head:**

I support this application for funding for travel expenses for the above-named student. I accept responsibility for assuring that funding will be used for the specified purpose. By signing this form, I am indicating that the student applicant needs supplemental funding in order to pay travel expenses to attend the 2024 ACHA Annual Meeting:

SIGNATURE (in ink) \_\_\_\_\_ DATE: \_\_\_\_\_

Explain your interest in attending the ACHA annual meeting:

How will you pay for the remaining 50% of your travel/stay and all food costs? (Please include a detailed travel budget with this application form.)

What do you hope to gain from your experience at the ACHA Annual Meeting? What do you hope to accomplish on your campus as a result of attending the meeting? (be specific)?

How did you hear about the ACHA Annual Meeting and the ACHF Student Travel Funding Opportunity?

Neither ACHF nor the ACHA Student/Consumers Section shall discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender, identity, age, disability or status as a protected veteran.

**PLEASE NOTE:** The funding review committee will base their selection on the scholarly presentation and content of the questions listed in the above application form. Please use as much space as needed to respond to each question.

For questions or further information, please contact the ACHF Office at [achf@acha.org](mailto:achf@acha.org).