

**2026 College Well-Being Award  
American College Health Foundation**

**APPLICANT INFORMATION**

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

<b>Title of Project:</b> _____
<b>Total Funds Requested (not to exceed \$3500):</b> _____
<b><u>Project Director:</u></b> Name: _____ ACHA Membership #: _____ Position Title: _____ College/University: _____ Address: _____ Work Telephone: _____ Cell: _____ E-Mail Address: _____
<b><u>Student Health Center Authorizing Agent:</u></b> Name: _____ Title: _____ College/University: _____ Address: _____ Telephone: _____ E-Mail Address: _____

**Post Project Requirements**

The recipient shall submit a project results report to the ACHF Office within 60 days of the completion of the funding cycle. In addition to the final report, an abstract describing the results of the project will be submitted to the American College Health Foundation. Copies of the abstract may be made available to ACHA members during the ACHA annual meetings or in ACHA/ACHF publications, including the ACHF website to demonstrate the effectiveness of the award's objective. Recipients may also be requested to make a presentation at a future American College Health Association conference (state, regional, national) and write an article for publication in college health-related periodicals discussing project outcomes. This requirement can also be fulfilled by being interviewed or writing an article for the ACHF quarterly newsletter, The Impact. Please also take and include a photo of your project, project group, students interacting with the project, or a headshot of the Project Director at the school which ACHF may print in "The Impact." In addition, ACHF may share successful practices developed to advance the awards objective of supporting campus well-being to enhance both individual and community health as a strategy to support student, faculty and staff success.

**Project Director**

I agree to accept responsibility for the implementation of the proposed project and to provide the post-project requirements as outlined if the project proposal is awarded as a result of this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Project Director's Supervisor or other Authorizing Agent:**

I endorse the proposed project and accept responsibility to monitor project progress and completion of post project requirements. **Please submit this signature using the separate [form](#).**