

**Student Travel Funding Opportunity Application**  
**Authorizing Signature Form**

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

<b>Student Name:</b>		
<b>Authorizing Agent Name:</b>		
<b>Title:</b>		
<b>ACHA Membership #:</b>		
<b>College/University:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
<b>Phone:</b>		
<b>Email:</b>		

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

\_\_\_\_\_ (Initial) 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 2026 ACHA Annual Meeting.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_