

ACHF Kathy Mac Scholar Funding Opportunity
Sponsored by the American College Health Foundation
Kathy Mac Scholar Fund

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

APPLICATION COVER SHEET

- **Sign and upload the completed application form in 1 PDF file to the ACHF [website](#).
Deadline to submit: January 15, 2026 (Use extra space, as needed.)**

Total Funding Requested (50% of total hotel/travel/registration costs):

Nurse Applicant Information:

Name: _____

ACHA Membership #: _____

Address: _____

College/University: _____

Telephone: _____

E-Mail: _____

Current position at the Health Center: _____

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

Attended an ACHA conference before? ☐ YES ☐ NO

How will you pay for your travel expenses not covered by the award _____

Student Health Center Authorizing Agent:

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 Kathy Mac Scholar.
- Provide a written evaluation of the winner's annual meeting experience that could be published in Action, on the ACHF webpage or in other publications.
- Recipients are expected to become involved in a health center project or a campus wide project.

Nurse Applicant:

I agree to attend the 2026 ACHA Annual Meeting, to use ACHF funding for travel/stay expenses as stipulated in the Funding Opportunity Guidelines and to fulfill all post meeting requirements.

SIGNATURE _____ **DATE:** _____

Student Health & Well-being Center Authorizing Agent:

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 nurse applicant needs supplemental funding in order to pay travel expenses to attend the 2024 ACHA Annual Meeting:

SIGNATURE **Please use the separate form** **DATE:**

PLEASE NOTE: The funding review committee will base their selection on the scholarly presentation and content of the questions listed in the above application.

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