

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

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

AUTHORIZING SIGNATURE FORM

Student Name: _____

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 _____ DATE: _____