

TKoster's Charitable Fund Innovated Health Care Award

2026 APPLICATION COVER SHEET

Title of Project:
Total Funds Requested:
Project Director: Name: _____ ACHA Membership #: _____ Position Title: _____ College/University: _____ Address: _____ Telephone: _____ E-Mail: _____
Student Health Center Authorizing Agent: Name: _____ Title: _____ College/University: _____ Address: _____ Telephone: _____ E-Mail: _____
Post Project Requirements Recipients shall submit a project results report to ACHF and Award benefactor, Teresa Koster and may be requested to make a presentation at a future ACHA conference (state, regional, national) and/or write an article for publication in a college health related periodical discussing the outcome of the project. In addition, Teresa Koster may share successful innovative practices with university health centers to advance the fund's objective of expanding access to quality health care for college students.
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 use the Authorizing Agent Form