

Stephan D. Weiss Student Mental Health Award

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	
Award recipients shall submit a project results report to the 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	
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 another Authorizing Agent:	
I endorse the proposed project and accept responsibility to monitor project progress and completion of post project requirements.	
SIGNATURE: _____	DATE: _____

Use Authorizing Agent Form