

ACHF Student Travel Funding Award – 2027 ACHA Annual Meeting

APPLICATION COVER SHEET

Sign and upload completed application form and supporting documents in 1 PDF file to the [website](#) and complete the online application. The deadline to submit is January 14, 2027 (Use extra space, as needed.)

Student Applicant Information	
Total Funding Requested (50% of total hotel/travel/registration costs). Do not include food/meals:	
Name:	
ACHA Student Membership #:	
College/University:	
Address:	
Phone:	
Email:	
Major(s):	Minor(s):
Are you:	Undergraduate Student Graduate Student
What year are you in school?	
What, if any, is your current role in college health on your campus?	
Attended an ACHA conference before? ☐ YES ☐ NO If yes, what year(s)?	
How did you pay for your travel expenses?	
Student Health Center Authorizing Agent or Related Department Head:	
Title:	
ACHA Membership #:	
College/University:	
Address:	
Phone:	
Email:	

Post Requirements:

- Make a brief presentation at the ACHF Board and Donor Breakfast at the ACHA annual meeting.
- Provide a written evaluation of the winner's annual meeting experience that could be published on the ACHF webpage or in other publications.
- Recipients are expected to become involved in a health center project on their campus.

Student Applicant:

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

SIGNATURE:

DATE:

Student Health Center Authorizing Agent or Related Department Head:

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: Please use the Authorizing Agent Form and Attach to the PDF Application

Application Questions: Please use a separate sheet with name and college/university listed at the top. Attach as 1 PDF with Application Cover Sheet and Signature Forms.

1. **Explain your interest in attending the ACHA annual meeting?**
2. **Total Funding Requested (50% of total hotel/travel/registration costs). Do not include food/meals.**
3. **How will you pay for the remaining 50% of your travel/stay and all food costs? Please include a detailed travel budget. Include references to sources for your information. Ex: Use the Annual Meeting website for hotel and registration fees. <https://annualmeeting.acha.org/>**
4. **What do you hope to gain from your experience at the ACHA Annual Meeting? What do you hope to accomplish on your campus as a result of attending the meeting (be specific)?**
5. **How did you hear about the ACHA Annual Meeting and the ACHF Student Travel Funding Award?**

PLEASE NOTE: Neither ACHF nor 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.

The Student Travel Award Committee will base their selection on the scholarly presentation and content of the questions listed in the above application form. Reviewer evaluations will not be shared. Please use as much space as needed to respond to each question.

For questions or further information, please contact the ACHF Office at achf@acha.org.