Student Travel Award Application
Authorizing Signature Form

Student Health Center Authorizing Agent or Related Department Head

Student Name:		
Authorizing Agent Name:		
Title:		
ACHA Membership #:		
College/University:		
Address:		
City:	**State:**	**Zip code:**
Phone:		
Email:		

Student Health Center Authorizing Agent or Related Department Head:

_____ (Initial) 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 2027 ACHA Annual Meeting.

Signature: _____Date: _____