

ACHF Kathy Mac Scholar Funding Opportunity

Authorizing Agent Form

Student Health Center Authorizing Agent:

Name: _____

Title: _____

ACHA Membership #: _____

College/University: _____

Address: _____

Phone: _____ E-Mail Address: _____

Student Health & Well-being Center Authorizing Agent:

I support this application for funding for conference expenses for the above named applicant. 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 for conference expenses to attend the ACHA Annual Meeting:

SIGNATURE _____ DATE: _____