

TKoster's Charitable Fund Innovated Health Care Award

2027 APPLICATION COVER SHEET

Title of Project:	
Total Funds Requested:	
Applicant/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:
Recipient Requirements:	
• Attend the ACHF Donor and Awardee Breakfast during the ACHA Annual Meeting. During the breakfast awardees will be invited to the podium to talk briefly about themselves, goals and favorite sessions at the Annual Meeting. • Provide a written evaluation of the awardee's Annual Meeting experience that could be published in the ACHF Impact Newsletter and on the ACHF webpage or in other ACHA publications (due before July 31). • Recipients shall submit a project results report to ACHF 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, successful innovative practices may be shared with university health centers to advance the fund's objective of expanding access to quality health care for college students.	
Applicant/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	