Stephan D. Weiss Student Mental Health Award

APPLICATION COVER SHEET

Title of Project:

Total Funds Requested:

Project Director/Applicant

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 American College Health Foundation 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 heath 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: Use Authorizing Agent Form