

ACHF Kathy Mac Scholar Travel Funding Opportunity

2027 APPLICATION COVER SHEET

Nurse Applicant Information

Total Funding Request: \$
Name:
What is your degree?
Where did you attend school?
ACHA Membership #:
Employment-College/University:
Current position and department:
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 will you pay for your travel expenses not covered by the award? Institutional or personal support?
Personal Mailing Address:
Phone:
E-Mail Address:

Post Requirements:

- Attend the ACHF Donor & Awardee Breakfast at the ACHA Annual Meeting.
- Provide a written evaluation of the awardee's Annual Meeting experience that could be published in ACHF Impact Newsletter, on the ACHF webpage or in other ACHA publications.
- Awardee(s) are expected to become involved in a health center project or a campus wide health project.

Nurse Applicant:

I agree to attend the ACHA Annual Meeting, to use ACHF funding for conference expenses as stipulated in the Guidelines and to fulfill all post meeting requirements.

SIGNATURE:

DATE: