

**NYSCHA Student Travel Award –NECHA/NYSCHA 2017 Annual Meeting**

**NYSCHA 2017 Student Travel Award Application**

Sign and email completed application form to Rachel Anderson, NYSCHA Student Section Co-Chair at: rande3@u.brockport.edu. (Use extra space, as needed.)

**Deadline: October 13, 2017.**

Applications will be reviewed as received.

**Student Applicant Information:**

Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

What, if any, is your current role in college health on your campus?

Have you attended an ACHA or NYSCHA conference previously?  YES  NO If yes, what year? \_\_\_\_\_

Have you applied for the NYSCHA Student Travel Award previously?  YES  NO If yes, what year? \_\_\_\_\_

Have you received a NYSCHA Student Travel Award previously?  YES  NO If yes, what year? \_\_\_\_\_

**Post Award Requirements:** Provide a written evaluation of your annual meeting experience that could be published on the NYSCHA webpage or in other publications. Please send your evaluation to Rachel Anderson, NYSCHA Student Section Co-Chair by January 15, 2018.

**Total Funding Requested:** \_\_\_\_\_  
(Not to exceed \$400)

**Please Note:** Award funding may be used for travel and/or hotel expenses to attend the NECHA/NYSCHA 2017 Combined Annual Meeting. Awards cannot be used for registration or food expenses.

----- **For NYSCHA Only** -----

**TOTAL AWARDED:** \_\_\_\_\_

**Total Anticipated Expenses:**

- **Hotel** (include # of nights) \_\_\_\_\_  
(Include # of nights, cost/night)
- **Travel** (\$.55/mile) \_\_\_\_\_  
(Include round trip mileage)

**TOTAL REQUESTED** \_\_\_\_\_

**Student Applicant:**

I agree to attend the NECHA/NYSCHA 2017 Combined Annual Meeting, to use award funding for hotel and/or travel expenses as stipulated in the Award Guidelines, and to fulfill all post meeting requirements.

SIGNATURE (in ink) \_\_\_\_\_ DATE: \_\_\_\_\_

Explain your interest in attending the NECHA/NYSCHA Annual Meeting:

What do you hope to gain from your experience at the NECHA/NYSCHA 2017 Annual Meeting? What do you hope to accomplish on your campus as a result of attending the meeting. (be specific)

How did you hear about the NECHA/NYSCHA 2017 Annual Meeting and the Student Travel Award?

**Health Center Authorizing Agent:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Health Center Authorizing Agent:**

I support this application for funding for travel expenses for the above named student. I accept responsibility for assuring that award 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 expenses to attend the NECHA/NYSCHA 2017 Combined Annual Meeting:

SIGNATURE (in ink) \_\_\_\_\_ DATE: \_\_\_\_\_

Neither NYSCHA nor the NYSCHA Student/Consumers Section shall discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender, identity, age, disability or status as a protected veteran.