



RURAL SCHOOLS
PARTNERSHIP

Student Wellness Grants Program - Application

Primary Student Contact _____
(please print)

E-Mail _____ **Phone** _____

Teacher/ Supervisor _____ **Phone** _____

Student Organization _____

School _____

Address _____

City _____ **St** _____ **Zip** _____

Community Partners

In ONE paragraph, briefly describe your wellness related project:

