

# Apply to Join Building Healthy Communities: Engaging Middle Schools through Project Healthy Schools

**Did you review the program description before starting this application?**

**Full name of school**

**School Address**

**School District**

**School County**

**Type of school (public non-charter, private, public-charter, etc.)**

**Percentage of students that qualify for free and reduced lunch**

**Grade levels served**

**Total school enrollment**

**Number of Faculty/Staff**

**School Contact Name**

**Email**

**Phone**

**Administrator Name**

**Number of years in current role**

**Email**

**Phone**

**Superintendent Name**

**Phone**

**Email**

**Website/Social Media Coordinator Name**

**Email**

**Phone**

**Which grade will the Project Healthy Schools Lessons be taught? 5th, 6th, or 7th? Please choose 1.**

**What is the enrollment of the class where the Project Healthy Schools Lessons will be taught?**

**5th Grade Enrollment**

**6th Grade Enrollment**

**7th Grade Enrollment**

**What class will the lessons be taught?**

**How many minutes is the class where PHS lessons will take place?**

**What percent of students in the grade where lessons will be taught will receive the 10 PHS lessons?**

**How many teachers will be teaching the PHS lessons?**

**Name of teacher(s) who will be teaching the lessons**

**Email of teacher(s) who will be teaching the lessons**

**Please list the class within each grade level at your school where the SEL lessons will be taught?**

**Kindergarten**

**1st Grade**

**2nd Grade**

**3rd Grade**

**4th Grade**

**5th Grade**

**6th Grade**

**7th Grade**

**8th Grade**

**Name of teacher(s) who will be teaching the SEL lessons**

**Email of teacher(s) who will be teaching SEL lessons**

**Wellness Champion Name #1**

**Position Title (#1)**

**Email (#1)**

**Phone (#1)**

**Wellness Champion Name #2 (if applicable)**

**Position Title (#2)**

**Email (#2)**

**Phone (#2)**

**Does your school currently have a coordinated school health team or wellness team?**

**If yes, please list your team members and their information below.**

**List wellness initiatives, programs, or activities your school has held in the past year**

**What other health and wellness programs and/or funding do you currently have at your school?**

**What student clubs or organizations does your school currently sponsor?**

**What time of day are these clubs/organizations offered?**

Before School? During School? After School?

**What are the names of the teacher sponsors?**

**Food Service Director Name**

**Email**

**Is your school food service managed by your district or a company?**

**Name of food service company**

**Identify one policy that you hope to implement that will improve health and well-being at your school:**

**What are three goals that you hope to implement that will improve health and well-being at your school:**

**Goal No. 1**

**Goal No. 2**

**Goal No. 3**

**How did you hear about us?**