

## Project Healthy Schools Application - Printer Friendly

**Have you previously applied to a Building Healthy Communities (BHC) program through Blue Cross Blue Shield of Michigan? (Programs include: Step Up for School Wellness, Reducing Health Disparities in Elementary Schools, and 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**

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

**Grade levels served**

**Total school enrollment**

<b>Number of Faculty/Staff</b>
<b>Name</b>
<b>Email</b>
<b>Phone</b>
<b>School Administrator Name (This administrator will be required to attend a follow-up interview)</b>
<b>Email</b>
<b>Phone</b>
<b>Superintendent Name</b>
<b>Phone</b>
<b>Email</b>
<b>Food Service Director Name</b>
<b>Phone</b>

Email
Does your school have a food pantry or basic needs pantry?
Which grade will the Project Healthy Schools Lessons be taught? 5th, 6th, or 7th? Please choose 1.
5th Grade
6th Grade
7th Grade
Are you currently teaching a comprehensive Social Emotional Learning (SEL) curriculum in your school?
If yes, please provide the name of curriculum you are using and what grade levels receive instruction. If no, please respond with “N/A”
If your school is NOT currently teaching a comprehensive Social Emotional Learning (SEL) curriculum, will your school be prepared to receive training and teach the Social Emotional Health curriculum from the Michigan Model for Health™?
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?**

**All participating PHS schools are required to have an active school wellness team. Will your school be able to host a minimum of four wellness team meetings during the school year?**

**School wellness teams should include representation from each component of the Whole School Whole Community Whole Child (WSCC) Model. Please select all the positions and roles that are currently available at your school or in your community. (This response has no impact on the scoring of your application.)**

School nurse

Food service director and/or staff

Counselor or Social Worker

Health Education Teacher

Physical Education Teacher

Coaches

School administrators

Custodial Staff

Transportation staff  
Secretarial and other support staff  
School Board members  
Regional School Health Coordinator  
Safe and Drug Free Schools Coordinator  
School Resource Officer  
PTO/PTA  
Student Government  
Health / Public Health Professionals  
Psychologist / Psychiatrist  
Clergy/Faith-Based  
Businesses  
Local government  
Higher Education  
Community Leaders  
Non-profit organizations  
Local businesses  
After school programs

**In your opinion, what are the greatest needs that your school has regarding student and staff health and well-being?**

**How did you hear about us?**