

# Project Healthy Schools Application

Has your school previously received 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

Please write what percentage of students that qualify for free and reduced lunch

Grade levels served

Total school enrollment

**Number of Faculty/Staff**

**Name**

**Email**

**Phone**

**School Administrator Name (This administrator will be required to attend a follow-up interview)**

**Email**

**Phone**

**Superintendent Name**

**Phone**

**Email**

**Food Service Director Name**

**Phone**

**Email**

**Would your food service director be supportive/willing to work with the United Dairy Industry of Michigan's school lunchroom consultant to assess your school's lunchroom and discuss resources to improve your school lunchroom?**

**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 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?**

**Once selected, all participating schools are required to create and maintain 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.)**

**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?**

**Other**

[Project Healthy Schools](#)