



Student Wellness Champion Award Application

E-mail your completed application to youth@healthtrust.org.
Applications are due by May 17th, 2010.

General information

Name: _____

Home address: _____
(Number & Street) (City) (State) (Zip)

Home phone: (____) _____ Cell: (____) _____

Email: _____

School: _____ Grade: _____

How did you learn about this award? _____

Please answer the following questions.

Limit your responses to no more than two pages double-spaced.

1.) How have you assumed a leadership role in improving the health of your peers, your school, or your community? How have your activities improved the health of others?

2.) Award winners will receive \$500. It is up to the award winner to decide how to use the award money, there are no restrictions. For example, you could use it for college expenses, to participate in a sports league, purchase something you really need or want, or use it to improve the health of your school or community. If selected, how do you plan on using the award?