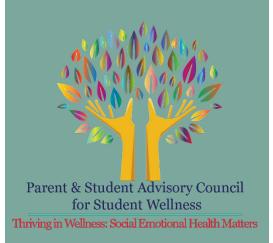
Student Application



Please email completed application to info@fedfamsc.org

Questions? Call 866.779.0402



Contact Information:

Student Name:		
Parent/Guardian Nar	ne:	
Address:		
Address Line 2:		
City:	State:	Zip:
Home phone:		
Youth Cell:		
Parent/Guardian Cel	l:	
Email address:		
School Information:		
School Name:		
School District:		
Current Grade:		
Demographic Informa	tion:	
Date of Birth:	,	Age:
Gender:	Race/Ethr	licity:
Question 1: What does	s student wellness r	mean to you?
Question 2 : What do y	ou think could imp	rove student wellness?