WELLNESS FOR WARRIORS SCHOLARSHIP APPLICATION

Vision: To be the best for heroes who need us.

To apply for the scholarship, please complete all questions.

Full Name:	Please print Date of Birth:	
Address:		
Phone:	Email:	
Best Time 1	To Call: Morning Afternoon Evenings Time?	
Schol	arship Details ————————————————————————————————————	
Thank you scholarsh after subr Wellness Physical h up with C	u for your interest in applying for the CoxHealth Wellness for Warriors fitness ip program. All applicants are important to us and we will be in contact with your submission will be review by the Executive Board members of for Warriors before approval. More details may be requested. nealth is important in your mental health and Wellness for Warriors has teamed oxHealth Fitness Centers to bring you a opportunity to gain, mentally and otherwise.	
Scholarsh Please initial.	nip Commitment:	
• Pa	roved, scholarship holder will agree to: articipate in communication on progressions made, have accountability, d provide feedback during the allotted time with program coordinator.	

All applicants are asked to submit a one page submission detailing:

- · Your background
- Why this scholarship would benefit you.
- The goals that you have within physical and mental well-being.
- How you heard about Wellness for Warriors/scholarship program.
- Needs/Barriers that you feel is important for us to know.
- Any other details that you may want to include that you feel is important.



Questions:

amanda.cole-shone@coxhealth.com 417.269-3654

CoxHealth Fitness Centers-The Meyer Center 3545 S. National Ave. Springfield, MO 65807

Visit our Website:



