

State College of Florida Student Wellness Program Application 2011-2012



SCF WELLNESS PROGRAM APPLICATION		
APPLICANT INFORMATION		
Name:		
G00#:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
SCF Email:		
Why do you want to be involved in the SCF Wellness Program?		
How did you hear about the SCF Wellness Program?		
<input type="checkbox"/> Flyer	<input type="checkbox"/> Sandwich Board	<input type="checkbox"/> Website – Wellness Calendar
<input type="checkbox"/> Email	<input type="checkbox"/> SCF Connect/Portal	<input type="checkbox"/> Friend/Word of mouth
List as many of the (7) dimensions of wellness that you currently know.		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
<p>Thank you for your interest in the SCF Wellness Program. Please return this completed application to the Office of Student Life, Club Hub (BC – 14-130; VC – 500-515). Once you submit your application, simply begin accumulating wellpoints by attending wellness events described in the SCF Wellness brochure and recording them on your wellpoint tracking sheet. For more information and for a list of upcoming campus events go to: http://www.scf.edu/StudentServices/StudentActivities/StudentWellnessProgram</p>		
Good luck on your journey to wellness!		
Signature of applicant:		Date: