

HEALTHY SCHOOL RECOGNIZED CAMPUS

Application to Participate

Name of ISD: _____ County: _____

Name of School/Campus: _____

Name of Principal or contact for Program: _____

Phone: _____ E-mail: _____

Please indicate the YOUTH programs and classes your school/campus would like to participate in:

YOUTH Program	Implementation Timeline: Fall/Spring	Estimated Completion Date	Estimated # of YOUTH participants
Balancing Food & Play			
Choose Health, Food, Fun & Fitness			
Choose Healthy			
Color Me Healthy			
Dinner Tonight Junior			
Learn, Grow, Eat & Go!			
Early Childhood Learn, Grow, Eat & Go!			
Mindful SELF			
Path to the Plate Youth Expo			
Strong Teens, Healthy Schools			
Teen Cuisine			
Texas 4-H Food & Nutrition Learning Experiences			
Walk Across Texas (REQUIRED)			
Other (must have prior approval)			



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Please indicate which ADULT program(s) your school would like to participate in:

ADULT Program	Implementation Timeline: Fall/Spring	Estimated Completion Date	Estimated # of ADULT participants
Cooking Well with Diabetes or Healthy Blood Pressure			
Cooking Well: Exploring Cultures			
Cooking Well with Friends			
Dinner Tonight			
A Fresh Start to a Healthier You!			
Health Talk Express Series			
Maintain No Gain Holiday Series			
Step Up Scale Down			
Stress Less with Mindfulness			
Walk Across Texas			
Other (must have prior approval)			

I certify _____ School/Campus wishes to apply for the Healthy School Recognized Campus designation and will complete the above programs by May 1 of the current school year.

Principal/School Contact Signature: _____ Date: _____

County Extension Agent Signature: _____ Date: _____

