

P.E.E.Ps

Preventative Education
and
Empowerment for Peers



Application of Interest

PERSONAL INFORMATION

Name: _____ Email address: _____

Local address: _____

Local phone #: _____ cell: _____

How did you learn about our peer health education program?

ACADEMIC INFORMATION

Major: _____

Circle Current Class Standing:

Freshman Sophomore Junior Senior Graduate Other
(specify) _____

Expected date of graduation: _____ Current G.P.A.: _____

COURSEWORK

Please list any coursework relevant to health or peer education topics:

AVAILABILITY

How many credits do you plan to take in the next school year?

Fall Semester: _____ Spring Semester: _____

