



52 Healthy Weeks
Empowering You.

52 Healthy Weeks Scholarship Application

Name: _____

Birthday: _____

Email: _____

Phone Number: _____

How would you like to improve your health?

What goals do you have in terms of your health and fitness or that of your family?

Why are you motivated to make changes?

What are you currently doing to improve your health?

What is your biggest challenge when it comes to your health?

In 5 words describe your self? _____

**Thank you. Please email your completed form to leighann@52healthyweeks.com.
I will get back to you shortly.**