Defining Excellence. Delivering Value. THE TRUST DIFFERENCE.

weatrust.com

P.O. Box 7338, Madison, WI 53707-7338 \ 45 Nob Hill Road, Madison, WI 53713-7338 \ PHONE 608.276.4000 \ 800.279.4000 \ FAX 608.276.9119

APPLICATION FOR 2009–2010 WEA TRUST STAFF WELLNESS GRANT

SCHOOL DISTRICT NAME: _____

Please complete both sides of this form, sign, and return no later than June 30, 2009, to:

FAX: **(608) 661-6706**
Health & Wellness Services Department
Administrative Assistant

MAIL: Health & Wellness Services Department
Administrative Assistant
WEA Trust
P.O. Box 7338
Madison, WI 53707-7338

Staff Wellness Liaison Contact Information *(please write in changes as necessary)*:

Staff Wellness Liaison: _____

District Phone #: ( ) Fax #: ( ) _____

District E-mail: _____

District Mailing Address: _____

_____

_____

_____ Date: _____
Staff Wellness Liaison Signature (**required**)

_____
Please Print Name

_____ Date: _____
District Administrator Signature (**required**)

_____
Please Print Name

***Please note**: You will receive a confirmation e-mail when your application is received. If you have not received a confirmation within one week, please call your Health Educator, **ENTER NAME**, at **ENTER HOME OFFICE TOLL FREE NUMBER**.*

FOR WEA TRUST USE ONLY	
Date Received:	Approved: