

# INTERACT FOR HEALTH

School-Based Health Center  
Learning Group Application

**I represent a:**

- Hospital  Federally Qualified Health Center  
 School district representative  Community member  Parent/guardian  
 Other (describe) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title/role:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

\_\_\_\_\_

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Do you have a particular geographic area or school district of interest?

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Please describe your experience/familiarity with school-based health centers (Limit to 300 words.)

Please tell us about your interest or your organization's interest in school-based health centers and what you hope to gain from this learning group. Why are you interested in learning about school-based health centers? (Limit to 300 words.)

Please email this application to [proposals@interactforhealth.org](mailto:proposals@interactforhealth.org)