



**MISSOURI COORDINATED SCHOOL HEALTH COALITION
Application for Membership**

_____/My agency or organizing supports the implementation of Coordinated School Health Programs and the inclusion of Coordinated School Health in the Missouri School Improvement Standards.

Name _____ Date _____

Agency/Organization _____

Address _____

Phone _____ FAX _____

E-mail _____

Please complete the following.

Organizational description/mission statement:

Goals of the Organization as it relates to coordinated school health (CSH):

Activities of Organization to reach CSH goal:

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Missouri Coordinated School Health Coalition

Articles and/or publications organization has sponsored on CSH:

Other CSH resources:

Please send application to:
Janet Shephard
Practical Parenting Partnerships
2412-C Hyde Park Road
Jefferson City, Missouri 65109

E-mail: jsheward@pppctr.org