



Let's Go Fitness Scholarship Application

Name of Individual with PWS:

Age of Individual with PWS:

Date of Birth:

Parent/Guardian Name (if applicable):

Address:

City:

State:

Zip Code:

Email:

Phone:

Why would you like to participate in this pilot program?

Are you willing to complete a survey before, mid-point, and after starting the program?

Yes No

Are you willing to sign a liability release if you are chosen?

Yes No

Do you have access to a computer and Zoom?

Yes No

Please email your completed application to info@pwsausa.org.

Signature:

