

Please return your completed application to [health-awareness@iup.edu](mailto:health-awareness@iup.edu) and indicate your class schedule at the bottom of the application so that a convenient time for an interview can be arranged.

Indiana University of Pennsylvania  
Center for Health and Well-Being

TODAY'S DATE:  
\_\_\_\_\_

APPLICATION FOR PEER EDUCATOR

Name: \_\_\_\_\_ Banner ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Current Home Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Phone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

IUP Email Address: \_\_\_\_\_

GPA: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Current Classification: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Please list the names of two professional references:

Name & Department (if on campus) Address Phone

1.

2.

Briefly explain why you think you would be a good candidate for this position:

Please identify any skills and strengths that would assist you in your position, and any weaknesses that this position may help you overcome:

Please list your previous work experience:

Class Schedule:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

Please list days and times when you would be available for an interview: