

**UPMC Horizon Community  
Health Foundation**

**Peer-to-Peer Learning  
Healthy Habits for Life Program**

Contact Information	School		
	Address		
	City	State	Zip
	Middle School Contact Name		
	Contact Title		
	Grade School Partner Contact Person		
	Contact Title		
	Primary Contact Name		
	Daytime Phone	Email Address	
Summary	Please describe why you feel your school would benefit from this program:		
Strategy	In the space provided, describe how your middle school and grade school will work together to implement the peer-to-peer prtion of this program.		
Anticipated Outcomes	In the space provided, please describe what you expect your students/school to gain from implementation of this program.		