

**Be Well Solutions Prior Assess Learning (PAL)**

**Application Cover Page**

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Match cycle (Spring/Fall) and year are you applying to the program (ie. Spring 2028): \_\_\_\_\_\_\_\_\_\_

Rotation (s) for which you are applying to receive PAL (select up to 2):

\_\_\_ Foodservice

\_\_\_ Community

\_\_\_ Clinical

\_\_\_Wellness