



The Art of Wellness LLC
UNIVERSITY OF GEORGIA
APPLICATION 2024-2025

Please complete this application by responding to the questions below by **April 13, 2024** and submitting via EMAIL to

Rebecca Gose at renghaus@uga.edu

and

Barbara Powers & barbara.powers@uga.edu

Our Expectations:

- ★ Selected LLC participants will have completed the online application and must be registered as a full-time first year students for the 2024-2025 academic year.
- ★ Students are expected to remain in the Art of Wellness LLC for the entire year and actively participate in all activities and educational programming.
- ★ Students must enroll in and complete in one of the following linked, cohort courses, TBA:
 - FYOS 1001: Becoming A More Mindful Dawg (1 cr) Fall 2024
 - Note: An FYOS course is required for all first year UGA students
 - DANC 2020: Practicing Wellness (1 cr) Spring 2025

Application responses will be assessed based on eligibility and thoughtful consideration, awareness, and evidenced desire to be a part of the Art of Wellness living learning community.



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Please answer the following questions:

1. What is (are) your intended major(s)?
2. What is your intended minor if any?
3. What is your gender? (we only use this for room assignments)
4. Why would participating in this Art of Wellness LLC benefit you?
5. Choose two of the following three questions to answer:
 - a. Describe how you think you might benefit from creative practices interwoven with wellness activities in your first year at UGA?
 - b. What is your prior experience with wellness, if any? (there is no prior experience with wellness required for this program).
 - c. Describe the benefits that would come from living in a close-knit community with like-minded individuals.
6. What do you think the biggest challenge will be in being a part of this Art of Wellness LLC? What would you hope to get out of this LLC experience?
7. What would you bring and contribute to this community?
8. Please attach a Letter of Recommendation from a teacher or professional whom you feel can speak to your disposition to contribute positively in a community setting, to commit to the program for the full year, as well as your passion and drive in the arts or creative field.
9. **Roommate preference** (optional): Please list the name of your roommate preference if you have one. Note that the roommate must also be applying and be accepted to the LLC:

Name: _____

Include any additional comments to your application submission below: