



Client Application

APPLICANT INFORMATION

First:

MI:

Last:

DOB:

Age:

_____/_____/_____

Primary Phone Number:

Email:

(_____) - _____ - _____

Home Address:

Apartment/Suite Number:

City:

State:

Zip:

Does your place of living have a liable exercise/fitness facility that you have regular access to?

Y

N

If yes, please explain (i.e. home gym, apartment complex gym, tennis courts, etc.): _____

WORK EXPERIENCE

If under age, please fill out parents/guardians information for work section

1.) Employer:

Full Name of Employee:

Relationship with Applicant:

Title/Position Held:

Employed From:

To:

Manager's Name:

Title:

Manager's Phone Number:

Email:

(_____) - _____ - _____

Address:



City: _____ State: _____ Zip: _____

Business' Phone Number: _____ Website: _____

(_____) - ____ - _____

Corporate Wellness Program: Y N

Are you currently employed? Y N

What is your hourly rate or salary? \$ _____

How many hours per week do you work? _____

2.) Employer: _____

Full Name of Employee: _____ Relationship with Applicant: _____

Title/Position Held: _____ Employed From: _____ To: _____

Manager's Name: _____ Title: _____

Manager's Phone Number: _____ Email: _____

(_____) - ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Business' Phone Number: _____ Website: _____

(_____) - ____ - _____

Corporate Wellness Program: Y N

Are you currently employed? Y N

What is your hourly rate or salary? \$ _____

How many hours per week do you work? _____



EDUCATION

MIDDLE SCHOOL

(Only fill this section out if applicant is in middle school or high school)

Name of School:

Street City State Zip

Years Attended: From To

Graduated Y N Degree Earned

GPA Access to School Fitness Center: Y N

HIGH SCHOOL

Name of School:

Street: City: State: Zip:

Years Attended: From: To:

Graduated: Y N Degree Earned:

Major: GPA:

Access to School Fitness Center: Y N

UNDERGRADUATE

Name of School:



Street: _____ City: _____ State: _____ Zip: _____

Years Attended: _____ From: _____ To: _____

Graduated: Y N Degree Earned: _____

Major: _____ Minor: _____

GPA: _____ Access to School Fitness Center: Y N

GRADUATE

Name of School: _____

Street: _____ City: _____ State: _____ Zip: _____

Years Attended: From: _____ To: _____

Graduated: Y N Degree Earned: _____

Major: _____ Concentration: _____

GPA: _____ Access to School Fitness Center: Y N

DOCTORATE

Name of School: _____

Street: _____ City: _____ State: _____ Zip: _____

Years Attended: From: _____ To: _____



Graduated: Y N

Degree Earned:

Major:

Concentration:

GPA: _____

Access to School Fitness Center: Y N

1.) Please attach a list of physical extracurricular activities from any level in chronological order with months/years participated. If none, attach a note stating, "I have never participated in physical extracurricular activities." If none, additionally state any non-physical extracurricular activities participated in from High School, to date (i.e. Music).

2.) If applicant is currently enrolled as a student, please attach a list of any and all transcripts from middle school, to date. At the bottom, please state whether the student is currently enrolled in a physical education class, health class, and/or involved in any health and fitness programs (active or educational).

3.) Please provide a formally written "Statement of Purpose" from no less than two to no more than three pages, double spaced, Arial, size 12 font, about your passion(s) and aspiration(s) in your health and fitness, **why** you need to accomplish your goal(s), **why** you deserve to be a client of Health Possible Inc., **why** you cannot currently, **what** successes you will bring or build to your life, community, and Health Possible Inc., and **how** you will stand up for, educate, enforce, and additionally market the Health Possible Inc. mission in your own community upon reaching those goals. Additionally provide a detailed description on your availability of transportation and ability to utilize your current environment to reinforce your work during and after time spent with your potential Health Possible Inc. partner.



Personal Income Estimator:

Specifically for the use of U.S. citizens legally employed under the conditions of the Internal Revenue Service. Must be at least 14 years old to be legally employed in the United States of America.

What income tax return did you file for 2017?

What was your adjusted gross income for 2017?

\$.00

Wages, salaries, tips, etc.

\$.00

Interest Income

\$.00

Dividends

\$.00

Other taxable income (alimony received, business and farm income, capital gains, pensions, annuities, rents, unemployment compensation, Social Security, Railroad Retirement, and all other taxable income)

\$

IRS allowable adjustments to income (payment to IRA and Keogh Plans, one-half of self employment tax, self-employed health insurance deduction, interest penalty on early withdrawal of savings, alimony paid, and student loan interest deduction)

\$.00

As of today, are you a dislocated worker?

Y N

Parent Financial Information

Specifically for the use of U.S. citizens legally employed under the conditions of the Internal Revenue Service.

What type of income tax return did your parents file for 2017?

What was your parents adjusted gross income for 2017?



\$.00

Income Estimator

How much did your Parent 1 (father/mother/stepparent) earn from working (wages, salaries, tips, etc.) in 2017?

\$.00

How much did your Parent 2 (father/mother/stepparent) earn from working (wages, salaries, tips, etc.) in 2017?

\$.00

As of today, is either of your parents a dislocated worker?

Y N

In 2016 or 2017, did you, your parents, or anyone in your parents' household receive benefits from any of the federal benefits programs listed below? Check all that apply or check None of the above. If, at the time you are completing the Health Possible Inc. application, you, your parents, or anyone in your parents' household did NOT receive any of these benefits during 2016 or 2017, but do receive any of them on or before December 31, 2017, you must email Health Possible Inc. at contact@healthpossibleinc.com with your updated information.

Answering these questions will not reduce eligibility for any federal or other non federal programs. These responses remain private under the Health Possible Inc. terms, conditions and policies and will not be shared beyond the corporations assigned and necessary faculty and/or staff for direct HPI qualification purposes.

Enter the amount of your parents' income tax for 2017.

\$.00

Enter your parents' exemptions for 2017.

Did your parents have any of the following items in 2017? Check all that apply and provide amounts.

---2017 Additional Financial Information---

- American Opportunity Tax Credit or Lifetime Learning Tax Credit
- Child support paid
- Taxable earnings from Work-study, Assistantships or Fellowships
- College grant and scholarship aid reported to the IRS
- Combat pay or special combat pay
- Cooperative education program earning