



The Art of Wellness LLC  
UNIVERSITY OF GEORGIA  
APPLICATION 2025-2026

Expectations and requirements of the Art of Wellness:

- ★ Selected LLC participants will have completed the application and must be registered as a full-time first year student for the 2025-2026 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 the following linked, cohort courses:
  - DANC 2020: Practicing Wellness (1 cr). FALL 2025

**Please complete this application by responding to the questions below by April 11, 2025 and submitting via EMAIL to:**

Barbara Powers at [barbara.powers@uga.edu](mailto:barbara.powers@uga.edu)

and

Abby Schulze at [abigail.schulze@uga.edu](mailto:abigail.schulze@uga.edu)

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

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.



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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: