The Art of Wellness LLC
UNIVERSITY OF GEORGIA

APPLICATION 2025-2026

for returning students

Please complete this application by responding to the questions below by Dec 15th and submitting via EMAIL to:

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 second 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 one of the following linked, cohort courses, (only one will be required) TBA:
  - DANC 4000: Independent study (1 cr) Spring 2026
  - DANC 2020: Practicing Wellness (1 cr) Spring 2026

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: