



Vital Aging Network



## Application for Evolve

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Thank you for your interest in **Evolve: Re-igniting Self & Community**.

**Application for the class starting April 5<sup>th</sup> deadline March 15th.**

To apply, complete the attached application (in Word format) and mail or email it to:

Vital Aging Network  
4156 Kindred Way  
PO Box 51  
Lake Elmo, MN 55042  
[mskeie@vital-aging-network.org](mailto:mskeie@vital-aging-network.org)

*For more information, call Mark Skeie at 651-226-9578*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Alt. phone \_\_\_\_\_

**Why would you like to participate in the Evolve: Re-igniting Self & Community program?**

**How does your interest in Evolve relate to making a contribution to your community or to the common good?**

**Tell us about yourself (experience, education, interests, accomplishments)**

**Do you have a particular community project in mind? It's not required that you do, but if you do briefly tell us about it.**

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*For office use:*

Date Received \_\_\_\_\_

Approval Signature \_\_\_\_\_