



Training Request Form

Date of Request _____

Type of Training Requested

- _____ 5 Week Financial Education Boot Camp
- _____ Credit/Student loans/Medical
- _____ Financial Education for Older Adults
- _____ Financial Education for Military personnel and families
- _____ Homeownership Education-Pre Purchase
- _____ Homeownership Education-Post Purchase
- _____ Financial Education for Small Business
- _____ Other Financial/Consumer Education [specify type] _____

Date/time requested: _____
Company requesting: _____
Contact name: _____
Address: _____
Telephone: _____ Email: _____
Proposed training site: _____
Address: _____
Primary Contact/info: _____

All sites must accommodate class room style seating and area for refreshments if required

Does site have audio capability? Yes No [circle one]

List any resources or services to be offered by site/sponsor _____

Contact us at the information below if you anticipate over [40] individuals
Minimum number of participants [20], prefer at least 30-35 registrations

For office use only

Sponsors _____

Assigned trainer(s) _____

Submit all questions and requests to:

Mississippi Community Financial Access Coalition [MCFAC]
Latah Holloway, Program Director
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