

Training Request Form

E-mail this form to

mcfacinfo@gmail.com

Date of Request Financial Boot Camp Coordinator Type of Training Requested 5 Week Financial Education Boot Camp	Please fax this form Fax - 662-887-377
Type of Training Requested	
Credit/Student Loans/Medical	
Financial Education for Older Adults	
Homeownership Education Pre-Purchase	
Homeownership Education Post-Purchase	
Financial Education for Small Business	
Other Financial/Consumer Education (specify type)	
Date/time requested:	e dates)
Company requesting:	
Contact Name:	
Address: Email:	
Telephone: Email:	
Proposed Training Site:	
Address:	
(If Primary Contact person is different from the name listed above, please provide conta	•
Primary Contact Name(s):	
Telephone Number:E-mail:	
• All sites must accommodate class room style seating and area for refreshments if requ	ired.
• Does the site have audio capability? (check one) Yes No	
Does the site have an LCD Projector and/or Screen? (check one) Yes	No
• Can the site provide snacks for participants? (check one) Yes	No
List any resources or services to be offered by site/sponsor:	
• If you anticipate over 40 individuals, please contact either the Program Director. Contact	information is listed
below.	
• Minimum number of participants 25 - prefer at least 30-35 registrations.	
SUBMIT ALL QUESTIONS AND REQUESTS TO: Mississippi Community Financial Access Coalition (MCFAC)	
Latah Holloway Clifton Williams	
(o) 662-887-4852, ext. 112 Guaranty Bank & Trus	st Co.
(f) 662-887-3773 (o) 662-247-5238	
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For Office Use Only	
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ed trainer (s)	