Family and Community Leadership Training
Application and Reimbursement Request Form

Are you applying for reimbursement? ______________ yes, see Reimbursement Guidelines.

NAME: ________________________________________________________________

ADDRESS: ________________________________________________________________________________

Phone: _____________ and/or Cell Phone: _____________ Email: ____________________________________________________________________________

Club: _______________________________________________________________________ County: _____________ Region: _____________

Why are you interested in FCL Training? ______________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What do you expect to learn from the FCL Training? _____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Offices held in FCE: _______________________________________________________________________

_____________________________________________________________________________________

Other Community or Organization Involvement: _________________________________________________

_____________________________________________________________________________________

Is this your first session _____________ or second session __________________________

Signature of applicant: ____________________________ Date: __________________

Attach a check payable to your region’s treasury and mail to your region’s Vice President of Public Policy before February 15 for the spring session or June 15 for the fall session.

Signature of Regional Officer: ____________________________ Date: __________________

Mail applications to TAFCE VP of Public Policy by March 1 Spring training and July 1 Fall Training.