

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.

