

# Family and Community Leadership Training

## Application and Reimbursement Request Form

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

Please circle which session you want to attend:

Spring Session

Fall Session

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 for this session 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.