



NeighborWorks
HomeOwnership Center

NeighborWorks
CHARTERED MEMBER

www.cchomes.org

Building Assets for People and Communities

Youth Financial Literacy APPLICATION

(Please answer ALL questions & have parent, guardian or responsible adult sign & date form. *Thank you!*)

Name of Student: _____

Age of Student: _____

What school will student attend this fall: _____

What grade will student be in: _____

Student's telephone number: _____

Student's mailing address: _____

What does student want to learn about money and banking?

What is the name of the person and/or organization that recommended student?

Will a parent or other adult accompany student to classes? _____ If yes,
Parent/Guardian/Adult Name: _____ Telephone number: _____

Mailing address: _____

E-mail address: _____

Student will need to be dropped off and picked up at our office.

Signature of parent, guardian or responsible Adult: _____

Printed name of Adult: _____ Date: _____

Please e-mail completed application to Trish Feightner at tfeightn@pathfinderservices.org or fax to 260-745-5287
You may also mail or drop off the completed application to: 1005 Rudisill Street, Suite 301 Fort Wayne, IN 46807

