HERITAGE SOUTH
YOUR COMMUNITY CREDIT UNION

HERITAGE SOUTH CREDIT UNION FOUNDATION

REQUEST A FINANCIAL EDUCATION PROGRAM

Please complete this form so we can learn more about your audience and program needs.

ORGANIZATION / SCHOOL INFORMATION

Organization / School Name *

Contact Name *

Title / Role

Email *

Phone *

Street Address

City

State

ZIP

PROGRAM REQUEST

Requested Program / Topic *

Audience / Group *

Grade / Age Range

Estimated Number of Participants *

Preferred Program Length

Preferred Date *

Preferred Time

Alternate Date / Time

Program Location / Venue *

Please allow enough lead time for scheduling. Submission of this request does not guarantee program availability or approval.

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Tell us what would make this program most useful for your audience.

PROGRAM GOALS & DETAILS

What would you like participants to learn or be able to do after the program? *

Topics of Interest (check all that apply)

- ☐ Budgeting & Money Management
- ☐ Saving & Goal Setting
- ☐ Credit & Borrowing
- ☐ Fraud / Scam Awareness
- ☐ Youth Financial Literacy
- ☐ Other

If other, please describe

Special requests, accommodations, technology needs, or additional information

REQUESTOR ACKNOWLEDGEMENT

I understand that Heritage South Credit Union Foundation will review this request based on program availability, audience needs, scheduling, and alignment with the Foundation's educational mission. I understand that submitting this form does not guarantee that a program can be provided on the requested date.

Requestor Name *

Date *