

FINANCIAL LITERACY EDUCATION STUDENT APPLICATION

Student Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

Date: _____

High School: _____

Class: Junior Senior Other _____

www.joynerwalkerfoundation.org

Why do you want to participate in this course?

At-risk factors (check as many as apply):

- Student works after school and/or weekends
- Student is mentally or physically disabled
- Student currently experiencing economic hardship/challenge
- Student lives in single-parent home
- Student is currently experiencing environmental difficulties (personal, family, etc.)
- Student will be first in family to attend college
- Student belongs to under-represented group



PHOTO RELEASE

- I authorize The Joyner-Walker Foundation Incorporated and the Maricopa County Community College District to record my participation in this program on videotape, audio tape, in photographs or in any other recorded medium. I understand that these recordings may be used in any medium including print, web, audio or video.

Student signature:

Signature of parent or guardian (if student is 18 or younger):

RETURN THIS FORM TO / OR FAX:
Financial Literacy Program, c/o Leonard Walker
The Joyner-Walker Foundation, Inc.
2400 West Medtronic Way, Suite 5, Tempe, AZ 85281
FAX: **480.736.2472**