

Ethnic College Counseling Center Charles Schwab Workshop Registration

Thank you for taking an interest in participating in this workshop. Please fill in the registration form below so we can save you a seat. DUE September 3, 2021 (5 pm.)

Student's Name * (required)

First Name

Last Name

Student's Email Address *

example@example.com

Student's Cell Phone *

XXX-XXX-XXXX

School *

School, City, State

School Grade Level * (choose one)

- ☐ Senior
- ☐ Junior
- ☐ Sophomore
- ☐ freshman
- ☐ 8th grade
- ☐ other: _____

How did you hear about the workshop? * (Organization, Church, Individual)

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What do you know about money and finances? *

Why do you want to attend this workshop? *

Parent/Guardian Name *

Parent/Guardian Email Address *

Parent/Guardian Cell Phone *

Will Parent/Guardian attend special “adult only” sessions in conjunction with ECCC youth sessions? *

☐ Yes

☐ No

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Attendee Commitment

I will make a commitment to Charles Schwab and myself:

- To attend all workshops: **September 11, 18, October 2 11:30 am – 2:00 pm MST**
- To participate: I commit to actively participate in the workshop as this is very important to my learning experience. I will be on time. I will be fully present and not chat with my neighbor during lectures.
- To prepare for the workshops: I will ensure that I am ready for each workshop as required, by completing all preliminary assignments.
- To be successful: I will ask questions or bring concerns about the workshops. I will use Charles Schwab resources to support my understanding.

Name *(print) _____ Signature * _____

Email Mccrayeccc@gmail.com to Submit Application