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. <u>DUE February 27, 2022 (5 pm.)</u>

Student's Name * (required)

First Name   Last Name

Student's Email Address *

Student's Cell Phone *

example@example.com   XXX-XXX-XXXX

School *

School, City, State (** Must Include the City & State of School)

School Grade Level * (choose one)

☐ Senior

☐ Junior

☐ Sophomore

☐ freshman

☐ 8th grade

☐ other: _____

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

Ethnic College Counseling Center
Charles Schwab Workshop Registration

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*

Ethnic College Counseling Center
Charles Schwab Workshop Registration

Attendee Commitment

I will make a commitment to Charles Schwab and myself:

• To attend all workshops: **March 5, 12, 11:30 am – 2:00 pm MST ; + opening investment account parent student session TBD**

• 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. I will have my computer camera focused on my face.

• 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