

ORGANIZATION NAME PROGRAM NAME

Financial Literacy Training

Name _____

All adults in a family participating in the PROGRAM NAME ***must*** attend each of these training sessions. The sessions will be provided by:

Your contact person for training is:

Training Session (Sample Names)	Date	Presenter's Signature
Family Budget & Savings Plan		
Using Banks		
Consumer Protection		
Credit & Borrowing		
Money & Work		
Grow Your Money		
End-of Life Issues		