



**Financial Education Interest Form**

**Northern Shenandoah Valley Financial Education Program**

**A. GENERAL INFORMATION** *(please print)*

Today's Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Mailing Address: \_\_\_\_\_  
 (Street, Box, Route, Apt#) (City) (State) (Zip)

Residence: \_\_\_\_\_  
 (Physical location if different than mailing address)

- Clarke       Frederick       Page       Shenandoah       Warren

**B. CONTACT INFORMATION**

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to call:     Morning       Afternoon       Evening

**C. HOW CAN WE HELP YOU?** *(Please check all that apply.)*

Classes/Topics You Are Interested In:

- Managing Your Money Series (Six Classes)       Financial Mentoring  
 Written Information on Financial Management       Information on Community Services  
 Information on Credit Counseling Services       Other (Please List) \_\_\_\_\_

**D. WHEN/WHERE ARE YOU AVAILABLE?** *(Please check all that apply.)*

What are the best days and times for you to meet?     Morning       Afternoon       Evening

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

What county works best for you?     Clarke     Frederick     Page     Shenandoah     Warren

**--OVER--**

**E. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. HOW DID YOU HEAR ABOUT OUR PROGRAM? (Please check all that apply.)**

<input type="checkbox"/> Social Services	<input type="checkbox"/> Employer
<input type="checkbox"/> Counselor	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Consumer Affairs	<input type="checkbox"/> Radio/Television
<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Court System	<input type="checkbox"/> Website
<input type="checkbox"/> Bank	<input type="checkbox"/> Flyer/Poster at _____
<input type="checkbox"/> Credit Agency	<input type="checkbox"/> E-mail from Virginia Cooperative Extension
<input type="checkbox"/> Mortgage Lender	<input type="checkbox"/> E-mail: _____
<input type="checkbox"/> Church	<input type="checkbox"/> Facebook Message/Page/Group
<input type="checkbox"/> Civic Group	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prior Participant	
<input type="checkbox"/> Extension Volunteer	

Name of person who suggested our program: \_\_\_\_\_

Daytime Phone Number (optional): (\_\_\_\_) \_\_\_\_\_

**After we receive your form, someone from our office will contact you to discuss how we can help.**

You can e-mail this form to [kpoff@vt.edu](mailto:kpoff@vt.edu) or fax the form to (540) 635-2827. You can also mail it to the Warren County office at the address listed below. If you prefer, you can hand-deliver this form to any of our local offices:

**Clarke County**  
101 Chalmers Court, Suite B  
Berryville, VA 22611  
(540) 955-5164

**Shenandoah County**  
600 North Main St., Suite 100  
Woodstock, VA 22664  
(540) 459-6140

**Frederick County**  
107 N. Kent St  
Winchester, VA 22601  
(540) 665-5699

**Warren County**  
220 N. Commerce Ave., Suite 500  
Front Royal, VA 22630  
(540) 635-4549

**Page County**  
215 West Main Street, Suite C  
Stanley, VA 22851  
(540) 778-5794

If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in this program, please contact Karen Poff by calling your local office of Virginia Cooperative Extension to discuss accommodations at least five days in advance.

\*TDD number (800) 828-1120.