

2014

OFFICE OF STUDENT FINANCIAL ASSISTANCE
and
OFFICE OF OUTREACH AND GRANTS MANAGEMENT
PRESENTATION REQUEST FORM

School Name: _____ County: _____

Address: _____

City/State: _____ Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

1. We would like to schedule a financial aid presentation for the:

Spring 2014 (January – July) Fall 2014 (August- December)

We will not host a program this year. Please send us a copy of the presentation or related materials.

2. Proposed **DATE** and **TIME**: _____
We may not be able to accommodate all requested dates or events.

3. Type of Event: Assembly College Fair Panel Discussion

4. Topics you would like covered:
 State Aid FAFSA Student Loans

5. Will you have other presenters during this event? No Yes

If yes, please identify the speaker and topics that will be addressed:

6. Expected number of participants: _____ Senior Class Size: _____

7. Target Audience: Juniors Seniors Parents Guidance Counselors
 Other: _____

8. Comments: