

Participant Interest Form for
Financial Wellness Learning Collaborative

Thank you for your interest in participating in the Financial Wellness Learning Collaborative, hosted by THECB's Division for College Readiness and Success (CRS) in partnership with Trellis Company.

The Financial Wellness Learning Collaborative will support the state of Texas in meeting the goals of *60x30TX* by empowering institutions to create financial literacy policies, procedures, and programs on their campuses to improve student financial literacy and wellness. As this is a working group, participation will be limited to a maximum of 12 individuals, with a focus on creating a group with wide geographic distribution, a diversity of institution types, and a range of leadership levels and experiences.

Please use this form to indicate your interest in participation. *Complete and submit this form to erin.willig@theccb.state.tx.us by March 13, 2019.*

Institution: _____

Name: _____

Title: _____

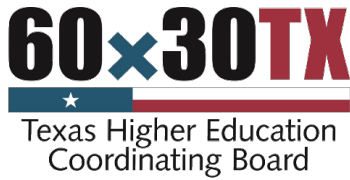
Email: _____

Phone number: _____

About Your Interest

Tell us a little about your institution's work on financial literacy and/or wellness. In what ways do you see yourself or your institution as a leader on this topic?

What is one challenge your institution has regarding the financial literacy and/or wellness of your students?



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What's one thing you feel you can offer and one thing you want from participation? (*For example, you may offer to share more about your programs as a case study. You may want to learn about a specific policy or practice being used by other institutions.*)

Time Commitment and Capacity

Participation in this group will require attendance at quarterly virtual meetings (via phone call and/or teleconference) as well as optional attendance at one or more in-person gatherings. Additional time to support work groups will be based on your interest and ability to participate.

Please note that there is no financial support attached to participation in this group and no travel funds will be awarded. By completing this form, you confirm your leadership's support to contribute your time and effort to this group.

Name of Authorized Designee

Title

Signature of Authorized Designee

Date

Anything else you'd like to share with us?

*Thank you for your interest! We will send notification to selected participants no later than **March 27, 2019.***