IMPA-HI-MWA Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMORANDUM FOR: Directorate, Family, Morale, Welfare and Recreation, Army Community Service, Schofield Barracks, HI 96857-5019

SUBJECT: Financial Readiness Program (FRP) Class Request Form

**ATTN: Schofield Barracks**

1. Unit/Agency Requesting Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Class (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Objective (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Date class needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time:\_\_\_\_\_\_\_\_\_\_\_ End Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many personnel will be attending (min 25 PAX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is Audio/Visual Equipment available: YES \_\_\_\_\_ NO \_\_\_\_\_
2. POC for this training is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_
3. Work phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone# \_\_\_\_\_\_\_\_\_\_\_\_
4. Alt POC for this training is Email:

Work phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\*If class is not confirmed with the instructor* ***24 hours*** *prior to class date by the POC, the class will have to be rescheduled.\*\*\**

**For Schofield Barracks POC**:

**For FRP Use:**

Date request received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class scheduled by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POC: Ayanna Whitesides, AFC® Alt POC: Rita Ah-Young Shelton, FRPM, AFC®**

**Accredited Financial Counselor Financial Readiness Program Manager**

**Army Community Service Accredited Financial Counselor**

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