



FSA BORROWER TRAINING ENROLLMENT INFORMATION



County FSA

Address

City, State, Zip

I/We have enrolled in the FSA Borrower Training program at _____
(city)

Date of enrollment _____.

_____ I paid the tuition at the time of enrollment

_____ I have requested tuition assistance

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

(Please return to FSA within 30 days)