



# 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)***