

**Women's Bureau Financial Education Project**  
**Service Provider Form**  
**2010**

Please PRINT Clearly

Service Provider Organization Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the address provided: \_\_\_Service Provider org. \_\_\_contact's home \_\_\_contact's work  
E-mail: \_\_\_\_\_  
Service Provider web address: \_\_\_\_\_  
Daytime phone: \_(\_\_\_\_\_)\_\_\_\_\_ Evening phone: \_(\_\_\_\_\_)\_\_\_\_\_  
If we need to call you, which phone should we use: \_\_\_ Day \_\_\_ Evening \_\_\_ Either  
Fax number: \_(\_\_\_\_\_)\_\_\_\_\_

I agree to recruit Gen X & Y women who are willing to participate in the Wi\$eUp financial education pilot project and will ensure that they complete the participant registration form, the brief pre-assessment/survey before each chapter, the post-assessment/survey the end of each chapter and respond to a three-month evaluation. At a minimum, each registered participant will complete Chapter 4, 5 or 7. I will keep the WB informed of their progress as they work through the Wi\$eUp curriculum to achieve the goals of reduced debt and increased savings/investments.

*I hereby release and hold harmless the United States Department of Labor Women's Bureau for the use of my organization's name and the use of my name, written or spoken words, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as image) in order to operate, evaluate, and publicize the Wi\$eUp Financial Education Program. This includes the right to use, reproduce, publish, exhibit, distribute, and transmit the image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROMs, and other media. I understand that the image may be obtained through this application and through my participation in the Women's Bureau Wi\$eUp listserv, on the Wi\$eUp web site, or at any Wi\$eUp events held at the local, regional, or national levels.*

I have read the Service Provider guidelines and agree to abide by them when using the Women's Bureau Wi\$eUp listserv and when participating in the Wi\$eUp pilot project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax completed form to: 979-845-6496 Attention: Vita Roth -Wi\$eUp**

Questions? Call toll free 1-800-827-5335 or 214-767-6985

Email: [wiseupwomen@wiseupwomen.org](mailto:wiseupwomen@wiseupwomen.org)

Regional Code: R\_