KAMLOOPS AND DISTRICT
Elizabeth Fry Society

Financial Literacy Program Application Form

Confidentiality & Safety: Please provide only contact information that is safe for us to use. This form may be completed electronically without printing.

Participant Information

Full Name

Preferred Name

Phone Number

Email Address

City/Town

Preferred Contact Method

Safe Contact Notes

Eligibility & Program Fit

☐ Currently experiencing IPV/DV

☐ Previously experienced IPV/DV

☐ Leaving an abusive relationship

☐ Recently left an abusive relationship

☐ Prefer not to answer

Current Financial Situation

Employment Status — ***Enter response***

Access to own bank account? — Yes / No / Prefer not to answer

Financial Goals

Goal 1:

Goal 2:

Goal 3:

Current Financial Challenges:

Skills You Want to Improve:

Program Motivation

Why are you interested in this program?

How do you hope this program will help you?

What would success look like after completing the program?

Participation & Supports

How did you hear about the program?

Accommodation or accessibility needs

Consent & Signature

I understand that the information collected will be used to assess program suitability and support participation. Information will be kept confidential within program requirements.

Participant Name Type Name

Date Enter Date

Please return the completed Application form to admin@kamloopsefry.com