

CITYWIDE TRAINING AND DEVELOPMENT CENTER OF EXCELLENCE
IN PARTNERSHIP WITH INCREASE CDC

PRESENTS

Tired of Living Paycheck to Paycheck?



Financial Fitness: Course 8227

LEARN HOW TO:

- Repair your credit
- Reduce debt
- Set a livable budget
- Save money for a business or home
- How to invest *and* select the right insurance

Matched Savings Accounts are available through this course

SEE BACK FOR MORE INFORMATION

WHEN: Thursdays, 11:00 am – 1:00 pm

5 WEEKS: Beginning April 29, 2010

WHERE: Citywide Training and Development
Center of Excellence
750 Piedmont Rd.
Columbus OH 43224

FREE TO REGISTER

Fax your completed registration form to
614-645-0466 or email to
CTDCE@columbus.gov

INCREASE

Community Development Corporation *CDC*

Credit Yourself: The Way to Financial Fitness Curriculum

Week 1: Take Charge of Your Money

Participants will learn how to:

- Become aware of behavior related to credit use
- Understand the importance of having a spending plan
- Begin developing a spending plan
- Identify the signs and dangers of predatory lending
- Use credit wisely

Week 2: To Your Credit

Participants will learn how to:

- Read and understand a credit report
- Understand the components of a FICO and Vantage score
- Avoid identity theft
- Build and repair credit history
- Select a credit counseling agency

Week 3: Credit Smart

Participants will learn how to:

- Recognize and use credit vocabulary
- Understand how credit scores impact individual interest rates
- Understand the origin of credit scores and how they can affect financial goals
- Practice behavior that helps maintain good credit
- Develop a spending plan

Participants will receive a free credit report with score

Week 4: Set Your Financial Sights

Participants will learn how to:

- Understand and prioritize financial goals
- Develop a strategy to identify realistic goals
- Develop short-term and long-term goals
- Identify and articulate financial values
- Modify a spending plan in order to accomplish a goal

Week 5: Fundamentals of Insurance & Investments

Participants will learn how to:

- Understand different types of insurance including life, disability, and long-term care
Insurance from not only an educational but application point of view
- Define and comprehend the purpose of mutual funds, stocks, and bonds
- Understand basic investment strategies including dollar cost averaging, asset allocation, and diversification
- Choose appropriate investment strategies relative to investment risk tolerance
- Develop an action plan for future investing



Citywide Training and Development
CENTER OF EXCELLENCE



THE REACH PROGRAM

750 Piedmont Road Columbus, Ohio 43224 614-645-8294 (phone) 614-645-0466 (fax) CTDCE@columbus.gov



CITYWIDE TRAINING AND DEVELOPMENT CENTER OF EXCELLENCE
 TRAINING REGISTRATION FORM
 750 PIEDMONT ROAD
 COLUMBUS, OH
 OFFICE: 614-645-8294
 FAX: 614-645-0466

EMPLOYEE INFORMATION (Required) Please print.

LAST: _____ FIRST NAME: _____ MIDDLE INT: _____
 DEPARTMENT: _____ DIVISION: _____ SECTION: _____
 JOB CLASSIFICATION: _____ WORK ADDRESS: _____ ZIP: _____
 WORK PHONE: _____ WORK FAX: _____
 WORK EMAIL: _____ ALTERNATE EMAIL: _____

CLASSES ARE FILLED ON A FIRST COME, FIRST SERVED BASIS. REGISTRATION IS NOT COMPLETE UNTIL YOU RECEIVE A CONFIRMATION LETTER VIA EMAIL OR WRITTEN NOTIFICATION. FAX YOUR COMPLETED REGISTRATION FORM TO 614-645-0466 (FAX).

COURSE SELECTION

COURSE NUMBER	COURSE TITLE	COURSE DATE/TIME	PRIMARY REASON FOR REQUESTING COURSE	SUPERVISOR INITIALS
8227	Financial Fitness Five weeks 11:00 am - 1:00 pm	April 29, May 6, 13, 20 and 27		

AUTHORIZATION INFORMATION: Supervisor's signature indicates knowledge that this registration form will be submitted to CTDC for processing. A supervisor's initials by each course indicate approval for the employee to attend the course.

By submitting this registration form you agree to adhere to the CTDC Standard Operating Procedures.

EMPLOYEE SIGNATURE (REQUIRED)

SUPERVISOR SIGNATURE (REQUIRED)

For an accommodation please (✓) the appropriate box:

- Reader
- Larger Print
- Braille
- Other: _____

PRINT SUPERVISOR NAME

SUPERVISOR WORK EMAIL ADDRESS

SUPERVISOR WORK PHONE/FAX NUMBERS

Please provide CTDC with at least a 48 hour cancellation notice so that waitlisted individuals may be enrolled in a class.

