



LOSFA Event Request Form

Please fax form to 225-208-1597 or email sabrina.johnson2@la.gov or kendra.williams@la.gov .

Please provide dates with a 30-day notice to secure your event. Thanks!

School/Organization: _____

Street Address: _____

City: _____

(address where event will be held)

Contact Name: _____

Office Number: _____ Cell: _____

E-mail Address: _____

Location of event: _____ Event time: _____

(building & room where event will be held)

Event Date:

Option 1: _____

Option 2: _____

Option 3: _____

Grade(s) of students participating:

Event Type: Please only check 1 box

- _____ TOPS Seminar (20-30 minutes)
- _____ TOPS & FAFSA Seminar (30-40 minutes)
- _____ FAFSA Seminar (15 minutes)
- _____ START Seminar (30 minutes)
- _____ General Financial Aid Seminar (50-60 minutes, includes TOPS)
- _____ Other (please specify): _____

- _____ Browse Session (**no presentation**, just a LOSFA representative at a table for Q&A)
- _____ FSA ID Completion Workshop (Must be completed before FAFSA Completion Workshop)
- _____ FAFSA Completion Workshop
- _____ TOPS Checkup/Retention Workshop

Presenter Requested: _____

Will your Trailblazer be at this event? (Y/N) _____

Attendee Breakdown

Parents (Number anticipated): _____

Students (Number anticipated): _____

Are you inviting any other schools to participate? If yes, please list:

Can your school provide equipment for a power point presentation? (Y/N) _____

Please check if you can provide: _____ Laptop Computer _____ LCD projector

Notes/Special Requests: _____
