Dear PTA/PTO Member,

Personal finance education is one of the most important subjects because no matter what a student chooses to do in life, they are going to need to understand money and how to manage it. Even though most adults admit that they struggle with finances, few states require this education finance and few schools have funding for it. I wanted to take this opportunity to tell you about an amazing program that I need your help to bring to our students.

Budget Challenge® is a 10-week personal finance simulation that allows students to experience what it is like to be an adult and manage a household budget. Students will receive paychecks and have pay bills on-time. There are negative consequences for late payments and bouncing checks and positive consequences for retirement saving in a 401(k) and using credit wisely. They will also learn about credit cards, insurance, banking and experience unexpected financial events. They can also earn trophies in the simulation for demonstrating financial skills that many adults struggle with.

|  |  |
| --- | --- |
| The trophies can be earned when students:* Create an emergency fund
* Pay bills on time
* Pays off a credit card
* Protect credit health
* Save for retirement
* Pay down student loan debt
 | Individual Student Account Includes:* 10-week simulation
* Full Curriculum
* Weekly, pre and post simulation assessments
* Downloadable certificates
* Live help desk support
 |

This program is an eye-opening experience for students because they learn important financial lessons by doing. The average student who completes Budget Challenge reports that they will likely save over $80 in avoiding future overdraft fees at the bank, and that pales in comparison to the value of developing and maintaining a good credit score and learning to save early for retirement. More information available on www.budgetchallenge.com

Please see the attached sponsorship form that we are requesting for the children in our school. If you are able and willing to sponsor our school, we would greatly appreciate your support.

Sincerely,

Teacher

Class

Individual Teacher Request – Sponsorship Form

Date\_\_\_\_\_\_\_\_\_\_\_

*Teacher Information*

Teacher name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Classes \_\_\_\_\_\_\_\_\_\_\_

Number of Total Students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per Student $25 ($20 volume pricing for 300 or more students)

Total Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Sponsor Billing Information*

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor**: Please return completed from to Teacher

**Teacher**: Please return completed forms

 Scan and email to support@budgetchallenge.freshdesk.com

 Or

 Fax to 888-730-7349

Group Teacher Request – Sponsorship Form

Date\_\_\_\_\_\_\_\_\_\_\_

*Teacher Information*

Teacher name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Classes \_\_\_\_\_\_\_\_\_\_\_

Number of Total Students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per Student $25 ($20 volume pricing for 300 or more students)

Total Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Teacher Name | Classes | Total Students |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 Total Students\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Sponsor Billing Information*

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor**: Please return completed from to Teacher

**Teacher**: Please return completed forms

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