



Level Up 3-Day Challenge

Application

First Name _____ Last Name _____

Email Address _____

Phone Number _____

What are you looking to walk away with from the 3-Day Challenge?

Which Financial Stage do you think you closing fit into and why?

| | |
|--------------------------|--------------------------|
| Abundance | <input type="checkbox"/> |
| <input type="checkbox"/> | Freedom |
| Security | <input type="checkbox"/> |
| <input type="checkbox"/> | Survival |
| Poverty | <input type="checkbox"/> |



We want people that are serious about changing their financial mindset, those who are willing to learn and apply the course material.

Does this fit you? Yes _____ No _____

Can you commit to 3-hours per day for 3-days?

Yes _____ No _____

Can you commit to homework and group participation during the challenge? Yes _____ No _____

Do you see budgeting and investing as financial wellness? If not, how do you define financial wellness?

Which Financial Mindset transformation key Indicator is most important to you?

- _____ **Unsure → Confidence**
- _____ **Unorganized → Plan**
- _____ **Wandering → Purpose**

