

CREDIT UNION FOUNDATION

OF MARYLAND AND THE DISTRICT OF COLUMBIA



ROYCROFT MASTERS

ADVISOR REQUEST FORM

The Foundation's Roycroft Masters Program is designed for MD & DC-based credit unions with approximately \$100 million or less in assets. Roycroft Masters are recognized professionals who have been actively engaged in the credit union movement and who offer short-term assistance on a voluntary basis. There is no fee for credit unions' participation in the program.

The Roycroft Masters Program is designed to allow participating credit unions to benefit from the experience of their paired advisor and a fresh perspective on issues.

Advisory concentrations may include among other issues:

- Building your loan portfolio
- Governance issues
- Starting or evaluating a new program or member service
- Preparing for an NCUA examination

Participating credit unions receive:

- Initial on-site visit from a Roycroft Master
- Follow-up advice/mentoring via telephone or email
- Free access to LINX®, the WEB-based credit union forum for the exchange of advice, documentation, etc.

This program, like all Foundation efforts, is made possible through the generosity of our donors. To see a listing of our valued sponsors, please visit: http://www.cufound.org/supporters.htm.

To apply for Roycroft Masters assistance, please complete the requested information on the following page, save your completed document, and email it to: training@cufound.org, or fax to (443) 853-1977, or mail to the address shown on page 2 of this application.

Foundation Use:				
Received Date:				
Advisor Pairing Date:				
Roycroft Master:				

	Your Name: <u>REQUIRED</u>					
	Title:					
	a that bearings					
	Address: REQUIRED					
	City/State/Zip: REQUIRED					
	Phone: REQUIRED	Fax:				
	E-mail: <u>REQUIRED</u>					
	CU Assets: \$ REQUIRED					
1.	Please select the general area(s) of focus for this advisory ses	ssion (Check all that apply)			
	Operations	☐ Compliance	Lending			
	☐ Governance	☐ Facilities	Human Resources			
	☐ Leadership	☐ Marketing	☐ Finance/Investments			
	Other: (please specify)					
2.	 Provide a descriptive statement of the problem or challenge you are facing that will be the focus of your advisory engagement: REQUIRED Provide a brief description below of your engagement expectations. Describe the outcome(s) you would like 					
	to receive through your Roycro of the engagement.	oft Masters advisory engageme	ent. This will help your advisor grasp the sco	pe		
	"At the completion of this engagement I hope that I willREQUIRED"					
4.	Has your credit union received Roycroft Masters advisory support in the past year? Yes No					
Or	nce approved, you will receive ar	n Advisee Agreement prior to d	commencement of the advisory engagement.			
Sig	gnatures:					
		Date				
Āŗ	pplicant					
		Date				
Pr	esident/CEO (if different than ap	pplicant)				

Return This Completed Form

Via Email: mailto:training@cufound.org?subject=Roycroft Masters Inquiry

Via FAX: (443) 853-1977 Or Mail To:

CREDIT UNION FOUNDATION P.O. Box 190 • Glenelg, MD 21737-0190

Questions? Call (443) 325-0771