



Warrior and Family Care™



GEORGETOWN UNIVERSITY  
School of Continuing Studies  
Center for Continuing and Professional Education

## USO/Georgetown University Certificate in Franchise Venture Planning Waiver

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By signing below, I certify the following:

- I am a post 9/11 Wounded, Ill or Injured Service member or spouse/caregiver.
- I understand that course tuition is valued at \$1400. If I cannot/do not complete the course, for any other reason than a documented medical issue, I could be held responsible for reimbursing these funds to the USO.
- I have no immediate family members employed by the USO or Georgetown University.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Service Branch/Duty Station

\_\_\_\_\_  
Civilian email/phone

\_\_\_\_\_  
TC/NMCM/RCC Name

\_\_\_\_\_  
TC/NMCM/RCC\* Signature/Date

\_\_\_\_\_  
TC/NMCM/RCC\* email/phone

\* TC/NMCM/RCC = Transition Coordinator, Non-Medical Care Manager, or Recovery Care Coordinator



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## USO/Georgetown University Certificate in Franchise Venture Planning Essay

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To apply for participation in the USO/Georgetown University “Certificate in Franchise Venture Planning” course, please submit a typed one-page essay (no more than 600 words) with your completed waiver to [jrobertson@uso.org](mailto:jrobertson@uso.org).

The essay should:

- Detail your interest in the program, your personal goals/reasons for participating, and how you will contribute to the classroom learning environment.
- Include your name, current duty station, personal email address, phone number, and the contact information of your current Transition Coordinator, Non-Medical Care Manager or Recovery Care Coordinator.