

**ST. MARY SCHOOL SCRIP TUITION CREDIT PROGRAM  
 FAMILY ACCOUNT APPLICATION  
 (if you have already sent this form in previously,  
 you do not need to send it in again this year)**

Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State Ohio ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Do you currently have children attending St. Mary School?  YES or  NO

If YES, (please indicate name/grade/teacher)

<u>Child's Name</u>	<u>Grade</u>	<u>Teacher</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If NO, will you in the future?  YES (list when: August \_\_\_\_\_) or  NO

Please choose the method you would like the **distribution of the profits** from your orders:

- \_\_\_\_\_ 50% to SMHS fundraising and 50% to your family's account for tuition credit
- \_\_\_\_\_ 100% to SMHS fundraising
- \_\_\_\_\_ 50% to SMHS fundraising and 50% gifted to other family account(s) for tuition credit  
(complete gifting request below)

GIFTING REQUEST

*I would like to gift my tuition credits earned as follows (you may donate to up to 4 accounts). You may split the percentages however you wish & they must total 100%.*

Family Name _____	Phone _____	% to donate _____
Family Name _____	Phone _____	% to donate _____
Family Name _____	Phone _____	% to donate _____
Family Name _____	Phone _____	% to donate _____

By signing below you are requesting to participate in the St. Mary School SCRIP Program. If during the year your child(ren) will have SCRIP certificates sent home with them, you agree that the SMHS SCRIP Committee will not be held responsible for any certificates once they are released to your children. You also agree to pay the \$35 returned check fee if any check you submit to SMHS SCRIP is returned for any reason.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_