

Holy Trinity Catholic Schools, Inc.

SCRIP INCENTIVE PROGRAM EARNINGS ALLOCATION

Please fill in the information requested, sign and return the form to Holy Trinity High School or Holy Trinity Elementary School.

1. Your Name _____ Parish _____
Address _____ Telephone _____
City, State, Zip _____

2. **HALF OF ALL SCRIP EARNINGS GO DIRECTLY TO HTC.** You may choose how the other half is allocated. Please direct my half of the earnings towards:

Tuition for the family of _____

Holy Trinity Tuition Assistance Fund

Holy Trinity General Operating Fund

Parish (*please circle one*)

Holy Family St. James' St. John's St. Mary's

3. **DISCLAIMER:** Complete this part if your child is permitted to bring your certificates home. Certificates will not be sent home with your child if you do not include this signed disclaimer.

I AUTHORIZE HOLY TRINITY CATHOLIC SCHOOLS TO RELEASE MY SCRIP GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD HOLY TRINITY RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's Name _____ Grade _____

Parent's Signature _____ Date _____

4. I/we have read, understand and will abide by the policies of the Scrip program.

Participant Signature _____ Date _____