

**TUITION REDUCTION INCENTIVE PROGRAM
SCRIP**

Holy Trinity High School
Fort Madison, Iowa

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

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

2. Please direct my earnings towards:

Tuition for the family of _____

Holy Trinity General Tuition Assistance Fund

Holy Trinity General Operating Fund

Church (Please circle which one)

Sacred Heart Ss. Mary & Joseph St. James St. Mary's St. Paul

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 HIGH SCHOOL TO RELEASE MY SCRIP GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD HOLY TRINITY SCHOOLS 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 _____