

# Fisher Catholic SCRIP Program Application

Family Last Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Students Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Please circle your choice for your SCRIP profit:**

I would like my profit to be split  $\frac{1}{2}$  to my tuition and  $\frac{1}{2}$  to the Athletic Association

Or

I would like all my profit to go to the Athletic Association

**\*Parents who have (Seniors Only) have 4 choices, please circle one:**

1). I would like to have my profit to be applied to my last month's bill, if I pay monthly.

2). I would like to have my profit applied to the "Cap & Gown" fees for graduation.

3). I would like to "Pay it Forward" and donate my profit to: \_\_\_\_\_

4). I would like all my profit to go to the Athletic Association.

**\*Please circle your choice of delivery options:**

Option 1: I will or my child will pick up my SCRIP Certificates in the school office

Option 2: Please mail my SCRIP Certificates to me. I will enclose a self addressed stamped envelope with my orders.

By signing below you are requesting to participate in the Fisher Catholic SCRIP Program and agree to the Guidelines and Policies. If your child will be picking up your certificates, you agree that the Fisher SCRIP Program will not be held responsible for any certificates once they are released to your child. You also agree to pay a \$30.00 returned check fee if any checks submitted to Fisher SCRIP is returned for any reason.

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