

# TRIP Application

Tuition Reduction Incentive Program

Name (Last) \_\_\_\_\_

Husband's first name \_\_\_\_\_ Wife's first name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade child is entering \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade child is entering \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade child is entering \_\_\_\_\_

\_\_\_\_\_ Please accrue my TRIP credits.

\_\_\_\_\_ Please give my TRIP credit to Christian Center School.

\_\_\_\_\_ Please give my TRIP credit to \_\_\_\_\_  
specify family

\_\_\_\_\_ Please give my TRIP credit to a family who has a need.

In October a \$5.00 application fee will be added to your billing. This fee is applicable to you, the applicant. Anyone purchasing TRIP for you does NOT pay a fee. Questions? Contact Julie Delaney 361-8002.

Today's Date \_\_\_\_\_